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COUNTY BOROUGH OF WIGAN




Report
on the
Health
of the
County Borough of Wigan
1968

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County Borough of Wigan
1968

J. HAWORTH HILDITCH,
Medical Officer of Health.
Principal School Medical Officer.
Medical Referee of the Borough Crematorium.



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Vice-Chairman	Alderman J. BOWDEN	
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STAFF, 1968

Medical Officer of Health	J. HAWORTH HILDITCH, M.B., Ch.B., D.P.H. (Vict.)
Deputy Medical Officer of Health	J. L. JACKSON, M.B., Ch.B., D.P.H. (from 1.7.68)
Senior Medical Officer in Department	....	R. McLEAN BAIN, M.B., Ch.B., D.P.H.
Medical Officer in Department	....	A. F. HOWARTH, M.B., B.Ch.
Principal Dental Officer	....	S. M. AALEN, L.D.S.
Dental Officer	....	J. G. R. WOOD, B.D.S., L.D.S. (from 13.5.68)
Public Analyst	....	J. GRAHAM SHERRATT, B.Sc., F.R.I.C.
Chief Public Health Inspector	....	J. B. MARSH, F.R.S.H., M.A.P.H.I.
Deputy Chief Public Health Inspector	....	P. STRAFFORD (a) (b) (h)

Senior Public Health

Inspectors E. J. FRANKLIN (*a*) (*b*) (*h*)
 E. HARRIS (*a*) (*b*) (*h*)
 E. MARSDEN (*a*) (*b*) (*h*)
 K. PARKIN (*a*) (*b*)
 M. RICHARDS (*a*) (*b*) (*h*)

District Public Health

Inspectors R. W. BARON (*k*) (from 1.2.68)
 J. INESON (*a*) (*b*) (*h*)
 C. LIVESEY (*k*)
 A. NOAKES (*a*) (*b*)
 K. SIMM (*a*) (*b*) (*h*)

Superintendent Health

Visitor E. M. WRIGHT (*c*) (*d*) (*e*) (*g*)

Health Visitors J. R. BORROWS (*d*) (*e*) (*g*) Dip. Comm. Nsg.
 (from 1.5.68)
 H. CALLAGHAN (*d*) (*e*) (from 30.8.68)
 F. M. L. DAVIES (*c*) (*d*) (*e*)
 F. GREEN (*c*) (*d*) (*e*)
 *B. I. HIGGINS (*c*) (*d*) (*e*)
 M. E. MADDEN (*d*) (*e*) (from 2.12.68)
 M. E. MILLS (*c*) (*d*) (*e*) (to 30.4.68)
 M. OLDFIELD (*c*) (*d*) (*e*)
 M. A. PEACOCK (*c*) (*d*) (*e*) (to 18.5.68)
 P. WALKER (*d*) (*e*) (from 30.8.68)
 M. J. WALMESLEY (*c*) (*d*) (*e*)

Tuberculosis Visitor E. CODY (*c*) (*d*)

Family Case Worker W. STEELS

Supervisor of Midwives W. KAY (*c*) (*d*)

Midwives:

M. AINSWORTH (<i>c</i>) (<i>d</i>)	L. HOLCROFT (<i>c</i>) (<i>d</i>) (to 30.4.68)
J. A. BIRCH (<i>c</i>) (<i>d</i>)	F. O'DWYER (<i>c</i>) (<i>d</i>)
P. G. DAWBER (<i>c</i>) (<i>d</i>)	M. QUINN (<i>c</i>) (<i>d</i>)
M. C. DIX (<i>c</i>) (<i>d</i>)	B. RICHARDSON (<i>c</i>) (<i>d</i>)
W. M. DOHERTY (<i>c</i>) (<i>d</i>) (<i>g</i>)	C. K. SWIFT (<i>c</i>) (<i>d</i>)
D. HITCHEN (<i>c</i>) (<i>d</i>)	P. WAITE (<i>c</i>) (<i>d</i>)

Day Nursery Matron M. F. LUCAS (*d*) (*f*)

Superintendent of the Home Nursing
Service

E. WILSON (*d*) (*g*)

Home Nurses:

D. AUGURIO (*d*) (*g*) (*j*)

L. BANKS (*d*) (*g*)

B. BENTLEY (*i*) (from 1.11.68)

F. DIXON (*i*) (to 16.9.68)

J. FENTON (*d*) (from 1.4.68)

M. FAIRHURST (*i*) (to 31.10.68)

P. HOLROYD (*d*) (to 8.11.68)

V. HURST (*d*) (*g*) (to 31.10.68)

P. M. LOWE (*d*) (to 16.9.68)

M. MOLLOY (*d*) (*g*) (*j*)

A. MURPHY (*d*) (from 1.6.68)

A. REGAN (*d*) (1.2.68 to 31.10.68)

A. REIGATE (*c*) (*d*) (*g*)

E. ROBINSON (*d*) (from 21.10.68)

G. M. ROLLINS (*d*) (1.2.68 to 31.10.68)

R. SCHOFIELD (*d*) (from 18.11.68)

M. SEED (*i*) (from 1.2.68)

*D. SHARPLES (*d*) (to 1.2.68)

B. SMART (*i*) (from 1.12.68)

R. STANBURY (*d*) (from 1.11.68)

M. N. SWARBRICK (*d*) (from 11.11.68)

J. M. WALKER (*d*) (*g*)

H. WAREING (*d*) (from 16.9.68)

K. WEBSTER (*i*) (to 29.2.68)

Junior Training Centre Supervisor

J. HANSON

Senior Training Centre Manager

E. HILTON

Mental Health Service:

Senior Mental Welfare Officer

J. A. PIETRE, B.A.

Mental Welfare Officers

E. I. DAVISON (to 30.4.68)

M. D. H. GAPES, Dip. Soc. Sc.
(from 1.5.68)

A. TAYLOR, C.S.W., A.M.S.M.W.O.

J. WARRILOW

Welfare Services:

Senior Assistant

A. SIMM, F.I.S.W.

Welfare Officers

F. MALLEY, C.S.W.

H. A. SPEAKMAN

P. SHAW

Ambulance Superintendent

C. R. HILL

Senior Chiropodist

S. R. AINSWORTH, S.R.C.

Lay Administrative Officer

W. W. MARKLAND, D.M.A.

Administrative Assistants

R. E. SALISBURY, D.M.A., A.C.C.S.
(to 30.4.68)

R. R. SWINBANK, D.M.A.

(from 28.10.68)

P. R. H. M. BURNARD, D.M.A.

* Part-Time Officers

(a) Public Health Inspectors Certificate.

(b) Meat Inspectors Certificate.

(c) Certificate, Central Midwives Board.

(d) State Registered Nurse.

(e) Health Visitors Certificate.

(f) Registered Fever Nurse.

(g) Queen's Nurse.

(h) Smoke Inspectors Certificate

(i) State Enrolled Nurse.

(j) National District Nursing Certificate.

(k) Diploma of the Public Health Inspectors Examination Board.

INTRODUCTION

To the Mayor, Aldermen and Councillors of the County Borough of Wigan

Tempora mutantur, nos et mutamur in illis.

1968 will be remembered as the year which saw the publication of two controversial documents — the Report of the Committee on Local Authority and Allied Personal Services and the Green Paper on the Administrative Structure of the Medical and Related Services in England and Wales. The former, whilst amply demonstrating the need to keep all health and welfare services closely integrated, advocated their separation with an urgency which left one questioning the motives of its sponsors and the professional competence of advisers who desire total change before limited experiment and who would cheerfully launch administrative and professional staff of local authorities on a course involving two if not three re-organisations in the course of the next decade. The Green Paper, conceived in haste and launched by a retiring Minister, found few sponsors. Unloved by Regional Hospital Boards, Local Health Authorities and Executive Councils it was seen as a contribution to current discussion.

The administrative patterns of the Health and Social Services need re-organisation but it is ironic to consider that it is the hospital and general practitioner sections of the National Health trilogy which are tending to break down and where there is dissatisfaction amongst the "consumers" and personnel employed, yet the implementation of the two reports would in effect destroy the organisation of the Local Authority Health and Welfare Services which has proved to be satisfactory and where there is scope for improvement in detail within revised boundaries.

It was with a distinct feeling of hopeful anticipation that at the close of the year we awaited the publication of the Redcliffe Maud Report, a document which if acceptable in principle should convincingly demonstrate the folly of precipitate and piecemeal re-organisation.

Turning to less philosophical matters, the year saw the publication of the Ministry of Health Circular 34/68, a report on the medical functions and medical staffing of child welfare centres. Close attention has been accorded to this document and whilst it is pleasing to note that many of the provisions of the Sheldon Report have been anticipated, nevertheless the staff of the department are working towards a full implementation of the recommendations endorsed by the circular. In this respect we are in the fortunate position of having experienced medical and nursing officers, a close and happy relationship with our paediatrician and other local hospital departments and easy access to a comprehensive assessment service in Manchester.

The other major enactments concerning the Department were the Clean Air Act, 1968, and the Health Services and Public Health Act, 1968, the former making further provision for abating the pollution of the air, particularly in regard to the emission of dark smoke from industrial or trade premises and where unauthorised fuel is bought or sold in a smoke controlled area, the latter

giving much needed flexibility to certain sections of the Act of 1946 and making mandatory some of the hitherto permissive powers. We note the sections concerning the adequacy of provision of the Home Help Service, the new powers in connection with nurseries and child minders, and Section 10 which legalises the situation where domiciliary midwives are called upon to work in hospitals, general practitioner units and in areas outside that of their own employing authority, this being particularly apposite in Wigan where, due to the closure of the maternity beds at the Christopher Home, both hospital service and general practitioner beds are now in the Lancashire County area. The siting of these beds with the attendant ante-natal clinics and ancillary services five miles from the town centre and the recognition that infection could necessitate the immediate closure of whole maternity units for days at a time, with the inevitable shift of deliveries to domiciliary services with little prior warning creates human problems and staffing situations which only a unification of the maternity services will mitigate.

The statistical section of this report is remarkable only in that there is little to which I would specially draw your attention. Close readers will note the incorporation of the re-organised coding of the Registrar General's list of causes of death. Amalgamation of areas by the Ministry of Health and Social Security has led us regretfully to abandon the table of weekly morbidity as it no longer illustrates the amount of sickness within the Borough.

During the year there has been a significant increase in attendances at well-baby clinics — an achievement modestly disclaimed by the Health Visitors, who are convinced that it is not their present contact with the mothers but the cumulative work of many years of teaching mothercraft in schools which is now showing dividends.

There is obviously a growing need for playgroups and child minders for the children of mothers who work part-time or who merely seek a few hours respite from their young brood for quiet shopping. The department has advised on many such projects.

New ground was broken in the field of cyto-diagnosis when, due mainly to the generosity of the Wigan Round Table, we were able to employ an experienced nurse to carry out domiciliary visiting and encourage the most vulnerable groups of women to attend our clinics for the collection of cervical smears. We were unique amongst Lancashire towns in showing an increase in the number of smears submitted for diagnosis during the year.

The Mental Health Service was fully stretched and joined with the Geriatric Service in lamenting the lack of provision of hospital accommodation for those aged infirm patients requiring medium-term care for an episode of psychiatric illness or more lengthy care, when it was obvious that for their own protection and the welfare of others they could not be retained in their own homes or in local authority accommodation.

Two interesting new ventures deserve recognition. With the help of the International Voluntary Service — an energetic body of young people — a Psychiatric Social Club was established, the venue being Fabrex Training Centre. This provides much needed opportunities for psychiatric patients upon discharge from hospital to integrate socially with lively and stimulating contemporaries. The main problem, as with so much of our work, is to ensure the adequacy of transport.

Mindful of the success of Scot House the Mental Welfare Officers have demonstrated the need for a small hostel for retarded girls and much thought has been given to planning such an establishment and in selecting a suitable site within walking distance of Fabrex, where it is intended that most of the residents will work. In relation to the children at the Special Care Unit an additional area of co-operation has been pioneered. A Mental Welfare Officer regularly attends a special paediatric clinic at which the Paediatrician reviews the progress of our young clients.

The workshops of the Senior Training Centre are already filled beyond reasonable working capacity and consideration must soon be given to building some extensions. It is also becoming obvious that alternative accommodation will be required for the more adult of the youngsters in the Special Care Unit. These hefty, often hyperactive, grossly retarded young men and women require more scope for their physical energy and at present are a source of embarrassment to the staff and the children at the Junior Training Centre where they are accommodated. The only alternative would be admission to hospital but this, even if places were available, would be unthinkable whilst their parents are willing to retain control.

The Welfare Section has been considerably hampered by the absence of a mature welfare officer on training. The statistics of hostel residents speak for themselves — nine residents over 90 years of age and 72 or 38% over 80. What this fails to reveal is the change in social pattern of the residents generally. The increasing proportion of physically and mentally feeble men and women is putting great strain on the staff. Staff who are willing to reside on the hostel premises are almost non-existent and it is obvious that experiments with alternative methods of caring by non-resident staff on a rotary shift system will be required.

The hostel at Bottling Wood is nearing completion and next year should see the remainder of the Local Authority Service leave the drab, Dickensian atmosphere of the former Poor Law building.

The Chief Public Health Inspector has reported fully upon the progress of his section, the work of which has increased both in quantity and in sophistication. The acceleration of the re-housing programme noted in previous reports has continued and special priority has been given to schemes of improvement of the older housing stock and their immediate environment. Progress towards complete smokelessness continues, although it is ironic that an industrial unit which is the cause of much complaint from the general public is the very one which is producing smokeless fuel, to wit, the Westwood Power Station which is not itself within the Borough boundary.

In conclusion I would express my thanks to the staff for their loyal co-operation and for the high standard of work which they have maintained throughout the year. Similarly, to the chief officers and technical officers in other departments for their help. It is team work which is the strength of Local Government and our success is the measure of the co-ordination of effort between all departments.

Finally to the Chairman and Members of the Health and Social Services Committee I would express my appreciation and thanks for their enthusiasm and for their continued support in our common task — to safeguard the health and the wellbeing of the people of Wigan.

J. HAWORTH HILDITCH,

Medical Officer of Health.

HEALTH OFFICE,
MUNICIPAL BUILDINGS,
LIBRARY STREET,
WIGAN.

June, 1969.

Section I



Natural and Social Conditions of the Area

GENERAL

Area in acres	....	....	....	....	....	....	....	5,083
Rateable Value of the Borough, 31st December, 1968	....	....	....	....	....	....	....	£3,192,330
Sum represented by a Penny Rate	....	....	....	....	....	....	....	£12,600
Registrar General's estimated population on 1st July, 1968 (on which figure statistics in this report are based)	....	....	....	....	....	....	....	79,410
Number of inhabited houses on the 31st December, 1968 (according to the Rate books)	....	....	....	....	....	....	....	26,394
Number of marriages solemnized within the Borough during 1968	....	....	....	....	....	....	....	750

The Borough of Wigan forms a considerable part of the valley of the River Douglas. The river, which is the boundary on the north side, continues its course to the centre of the town and finally becomes the boundary at the west side. The levels on which the river enters and leaves are respectively 150 and 69 feet above sea level. Water taken from the river feeds the Leeds and Liverpool Canal which traverses the town. Due to the meagre drop in level the river water flows slowly and the bed is self-cleaning only during the winter months. The waters are badly polluted before they enter the borough and as a result of this and subsequent pollution the river maintains little or no life — plant nor animal. The maximum elevations of the town are at the extreme north 254 feet and at the south-west 260 feet. The lowest level is at the north-west boundary which is 69 feet above sea level.

Geologically, the whole of the Borough rests on the lower coal measures, or Gannister beds, which are here very superficial. The subsoil is mainly clay which in places has a depth of nearly 20 feet; but there is an important layer of sand covering a large part of the centre of the town and extending northwards in the direction of Standish. This sand is also found in "pockets" in other parts of the Borough. Much of the Western portion, beyond the Park lies on a fairly extensive gravel bed.

Extensive mining operations over several generations have brought about subsidence in many parts of the Borough. In some areas this has had a disastrous effect on property and is a constant source of worry both as regards the conditions of old sewers and water mains and planning sites for new buildings.

The population is essentially an industrial one, the principal industries being manufacture of heavy hydraulic mining and container handling equipment, iron and steel working, and the manufacture of clothing, telephone equipment, plastic hollow ware and paper board packing cases.

The development of the Lamberhead Green trading estate and the establishment of the Industrial Zone in Wallgate have brought some light industry to the town but more work of this sort is required. The Department of Employment and Productivity Remploy Factory caters for the disabled who are able to perform useful work.

The availability of female labour in the town has prompted the opening of more factories for the machining of garments and the packaging of mail order goods. This has had repercussions in the recruitment of labour for the Home Help service.

The number of elderly citizens in the community is increasing. Many young married people, particularly in Social Classes III and IV, are moving out to the less congested dormitory areas on the periphery of the town. From here many return daily to seek their living in Wigan and invariably they use the facilities available in the Borough for education, recreation and shopping.

The Scholes redevelopment scheme is now well under way and as the flats, maisonettes and houses are completed it is remarkable to see the enthusiasm to return of many who have moved away from the centre of Wigan.

The movement is particularly noticeable amongst the older age group who value the "community" atmosphere and bustle associated with the busy town centre. The period 1951-64 during which the population declined was followed for three years by an annual increase. However the Registrar General's estimate for 1968 shows a reversal of the trend with a modest decrease in the population notwithstanding an increase in the number of live births and a decrease in the number of deaths.

Section 11

Statistics

VITAL STATISTICS, 1967-68

	1967	1968
Area (acres)	5,083	5,083
Population (Estimated by Registrar General)	79,720	79,410
Live Births: Males 767 } Total	1,431	1,497
Females 730 }		
Rate per 1,000 population	18.0	18.9
Illegitimate Live Births per cent of total live births	5.0	5.1
Stillbirths: Number	26	29
Rate per 1,000 total live and stillbirths	17.8	19.0
Total Live and Stillbirths	1,457	1,526
Infant Deaths (Deaths under 1 year)	23	29
Infant Mortality Rates:		
Total Infant Deaths per 1,000 total live births....	16.1	19.4
Legitimate Infant Deaths per 1,000 legitimate live births	16.2	19.0
Illegitimate Infant Deaths per 1,000 illegitimate live births	13.9	26.3
Neo-natal Mortality Rate (deaths under 4 weeks per 1,000 total live births)	9.1	12.0
Early Neo-natal Mortality Rate (deaths under 1 week per 1,000 total live births)	9.1	10.7
Perinatal Mortality Rate (still births and deaths under 1 week combined per 1,000 total live and still births)	26.8	29.5
Maternal Mortality (including abortion):		
Number of Deaths	2	1
Rate per 1,000 total live and still births	1.4	0.7
Adjusted Birth Rate per 1,000 Population (Area comparability factor 1.05)	18.8	19.8
Ratio of local adjusted rate to national rate	1.1	1.2
Birth Rate for England and Wales	17.2	16.9
Deaths of Infants under 1 day old	6	7
Ditto 1 year (legitimate)	22	27
Ditto 1 year (illegitimate)	1	2
Excess of Registered Births over Deaths	332	455
Deaths: Males 514 } Total	1,099	1,042
Females 528 }		
Rate per 1,000 population	13.8	13.1
Adjusted Death Rate per 1,000 population (Area comparability factor 1.10)	15.2	14.4
Ratio of local adjusted rate to national rate	1.4	1.2
Death Rate for England and Wales	11.2	11.9
Infantile Mortality Rate per 1,000 births for England and Wales	18.3	18.0

CAUSES OF DEATH WITH DEATH RATES, 1968

DISEASE								No. of Deaths	Rate
1.	Cholera	...	...	...	...	...	...	—	—
2.	Typhoid fever	...	...	...	...	...	...	—	—
3.	Bacillary dysentery and amoebiasis	...	...	...	...	...	...	—	—
4.	Enteritis and other diarrhoeal diseases	...	...	...	...	...	...	2	.03
5.	Tuberculosis of respiratory system	...	...	...	...	...	...	4	.05
6.	Other tuberculosis, including late effects	...	...	...	...	...	...	1	.02
7.	Plague	...	...	...	...	...	...	—	—
8.	Diphtheria	...	...	...	...	...	...	—	—
9.	Whooping cough	...	...	...	...	...	...	—	—
10.	Streptococcal sore throat and scarlet fever	...	...	...	...	...	...	—	—
11.	Meningococcal infection	...	...	...	...	...	...	—	—
12.	Acute poliomyelitis	...	...	...	...	...	...	—	—
13.	Smallpox	...	...	...	...	...	...	—	—
14.	Measles	...	...	...	...	...	...	—	—
15.	Typhus and other rickettsioses	...	...	...	...	...	...	—	—
16.	Malaria	...	...	...	...	...	...	—	—
17.	Syphilis and its sequelae	...	...	...	...	...	...	—	—
18.	All other infective and parasitic diseases...	...	...	...	...	...	...	3	.04
19.	Malignant neoplasm—stomach	...	...	...	...	...	...	23	.29
20.	„ „ —bronchus	...	...	...	...	...	...	41	.52
21.	„ „ —breast	...	...	...	...	...	...	20	.25
22.	„ „ —uterus	...	...	...	...	...	...	13	.16
23.	Leukaemia	...	...	...	...	...	...	3	.04
24.	Other malignant neoplasms, including neoplasms of lymphatic and haematopoietic tissue	...	...	...	...	...	...	75	.94
25.	Benign neoplasms and neoplasms of unspecified nature...	...	...	...	...	...	...	1	.02
26.	Diabetes mellitus	...	...	...	...	...	...	6	.08
27.	Avitaminoses and other nutritional deficiency	...	...	...	...	...	...	1	.02
28.	Other endocrine, nutritional and metabolic diseases	...	...	...	...	...	...	5	.06
29.	Anaemias	...	...	...	...	...	...	5	.06
30.	Other diseases of blood and blood-forming organs	...	...	...	...	...	...	—	—
31.	Mental disorders	...	...	...	...	...	...	—	—
32.	Meningitis	...	...	...	...	...	...	1	.02
33.	Other diseases of nervous system and sense organs	...	...	...	...	...	...	5	.06
34.	Active rheumatic fever	...	...	...	...	...	...	—	—
35.	Chronic rheumatic heart disease	...	...	...	...	...	...	22	.28
36.	Hypertensive disease	...	...	...	...	...	...	16	.20
37.	Ischaemic heart disease	...	...	...	...	...	...	241	3.03
38.	Other forms of heart disease	...	...	...	...	...	...	53	.67
39.	Cerebrovascular disease	...	...	...	...	...	...	150	1.89
40.	Other diseases of the circulatory system	...	...	...	...	...	...	36	.45
41.	Influenza	...	...	...	...	...	...	3	.04
42.	Pneumonia	...	...	...	...	...	...	46	.58
43.	Bronchitis, emphysema	...	...	...	...	...	...	103	1.30
44.	Asthma	...	...	...	...	...	...	2	.03
45.	Other diseases of the respiratory system	...	...	...	...	...	...	24	.30
46.	Peptic ulcer	...	...	...	...	...	...	7	.09
47.	Appendicitis	...	...	...	...	...	...	3	.04
48.	Intestinal obstruction and hernia	...	...	...	...	...	...	5	.06
49.	Cirrhosis of liver	...	...	...	...	...	...	3	.04
50.	Other diseases of the digestive system	...	...	...	...	...	...	17	.21
51.	Nephritis and nephrosis	...	...	...	...	...	...	8	.10
52.	Hyperplasia of prostate	...	...	...	...	...	...	3	.04
53.	Other diseases of the genito-urinary system	...	...	...	...	...	...	7	.09
54.	Abortion	...	...	...	...	...	...	—	—
55.	Other complications of pregnancy, childbirth and puerperium	...	...	...	...	...	...	1	.02
56.	Diseases of the skin and subcutaneous tissue	...	...	...	...	...	...	1	.02
57.	Diseases of the musculo-skeletal system and connective tissue	...	...	...	...	...	...	—	—
58.	Congenital anomalies	...	...	...	...	...	...	8	.10
59.	Birth injury, difficult labour, and other anoxic and hypoxic conditions	...	...	...	...	...	...	3	.04
60.	Other causes of perinatal mortality	...	...	...	...	...	...	9	.11
61.	Symptoms and ill-defined conditions	...	...	...	...	...	...	12	.15
62.	Motor vehicle accidents	...	...	...	...	...	...	9	.11
63.	All other accidents	...	...	...	...	...	...	25	.31
64.	Suicide and self-inflicted injuries	...	...	...	...	...	...	5	.06
65.	All other external causes	...	...	...	...	...	...	11	.14
								1042	13.1

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1968

CAUSE OF DEATH	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	M. F.	514 528	9 9	3 8	2 2	4 1	7 1	5 6	16 9	47 27	103 69	160 166	158 230
1 Cholera	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
2 Typhoid fever	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
3 Bacillary dysentery and amoebiasis	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
4 Enteritis and other diarrhoeal diseases ...	M. F.	— 2	— —	— 2	— —	— —	— —	— —	— —	— —	— —	— —	— —
5 Tuberculosis of respiratory system ...	M. F.	4 —	— —	— —	— —	— —	— —	— —	— —	— —	1 —	2 —	1 —
6 Other tuberculosis, including late effects ...	M. F.	1 —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 —
7 Plague	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
8 Diphtheria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
9 Whooping cough ...	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
10 Streptococcal sore throat and scarlet fever ...	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
11 Meningococcal infection	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
12 Acute poliomyelitis ...	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
13 Smallpox	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
14 Measles	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
15 Typhus and other rickettsioses	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
16 Malaria	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
17 Syphilis and its sequelae	M. F.	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —	— —
18 All other infective and parasitic diseases ...	M. F.	1 2	— —	— —	— —	— —	1 —	— —	— —	— —	— 1	— —	— 1

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1968—continued

[illegible]

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE
DURING 1968—continued

CAUSE OF DEATH	Sex	All Ages	Under <u>4 wks.</u>	<u>4 wks.</u> to 1 yr.	AGE IN YEARS								
					1—	5—	15—	25—	35—	45—	55—	65—	75—
ALL CAUSES	M. F.	514 528	9 9	3 8	2 2	4 1	7 1	5 6	16 9	47 27	103 69	160 166	158 230
35 Chronic rheumatic heart disease... ..	M. F.	6 16	— —	— —	— —	— —	1 —	— —	— 1	— 2	3 4	1 5	1 4
36 Hypertensive disease	M. F.	4 12	— —	— —	— —	— —	— —	— —	— —	— —	1 5	1 5	2 2
37 Ischaemic heart disease etc.	M. F.	136 105	— —	— —	— —	— —	— —	1 1	5 2	20 3	35 12	48 40	27 47
38 Other forms of heart disease... ..	M. F.	24 29	— —	— —	— —	— —	— —	1 —	1 —	4 1	2 1	8 5	8 22
39 Cerebrovascular disease	M. F.	63 87	— —	— —	— —	— —	— —	— —	3 —	1 3	11 7	16 28	32 49
40 Other diseases of the circulatory system	M. F.	15 21	— —	— —	— —	— —	— —	1 —	1 —	1 1	— 4	4 4	8 12
41 Influenza	M. F.	1 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	1 1	— 1
42 Pneumonia	M. F.	14 32	— —	1 —	— —	— —	— —	1 —	— —	— 1	— 2	3 7	9 22
43 Bronchitis, emphysema	M. F.	72 31	— —	— —	— —	— —	— —	— —	— —	3 3	19 3	27 8	23 17
44 Asthma	M. F.	1 1	— —	— —	— —	— —	— —	— —	— —	— 1	1 —	— —	— —
45 Other diseases of the respiratory system	M. F.	16 8	— 1	— 2	— 1	— —	— —	— —	1 —	1 1	1 1	8 —	5 2
46 Peptic ulcer	M. F.	4 3	— —	— —	— —	— —	— —	— —	— —	1 —	— —	— 3	3 —
47 Appendicitis	M. F.	1 2	— —	— —	— —	— —	— —	— 1	— —	— —	1 —	— —	— 1
48 Intestinal obstruction and hernia	M. F.	3 2	— —	— —	— —	— —	— —	— —	1 1	— —	— —	— —	2 1
49 Cirrhosis of liver	M. F.	1 2	— —	— —	— —	— —	— —	— —	— —	— —	— —	— 2	1 —
50 Other diseases of the digestive system	M. F.	4 13	— —	— —	— —	— —	— —	— —	— —	1 1	— 4	3 3	— 5
51 Nephritis and nephrosis	M. F.	3 5	— —	— —	— —	— —	— —	— —	— 1	— —	1 1	1 2	1 1
52 Hyperplasia of prostate	M.	3	—	—	—	—	—	—	—	—	1	—	2
53 Other diseases of the genito-urinary system	M. F.	3 4	— —	— —	— —	— —	— —	— —	— —	— —	2 —	— 2	1 2

CAUSES OF DEATH AT DIFFERENT PERIODS OF LIFE DURING 1968—continued

CAUSE OF DEATH	Sex	All Ages	Under 4 wks.	4 wks. to 1 yr.	AGE IN YEARS								
					1-	5-	15-	25-	35-	45-	55-	65-	75-
ALL CAUSES	M.	514	9	3	2	4	7	5	16	47	103	160	158
	F.	528	9	8	2	1	1	6	9	27	69	166	230
54 Abortion	F.	—	—	—	—	—	—	—	—	—	—	—	—
55 Other complications of pregnancy, childbirth and puerperium ...	F.	1	—	—	—	—	1	—	—	—	—	—	—
56 Diseases of the skin and subcutaneous tissue ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	—	—	—	—	—	—	—	—	—	—	—	—
57 Diseases of the musculo-skeletal system and connective tissue ...	M.	—	—	—	—	—	—	—	—	—	—	—	—
	F.	1	—	—	—	—	—	—	—	—	—	—	1
58 Congenital anomalies ...	M.	3	2	—	—	—	—	—	—	1	—	—	—
	F.	5	3	2	—	—	—	—	—	—	—	—	—
59 Birth injury, difficult labour, and other anoxic and hypoxic conditions	M.	1	1	—	—	—	—	—	—	—	—	—	—
	F.	2	2	—	—	—	—	—	—	—	—	—	—
60 Other causes of perinatal mortality	M.	6	6	—	—	—	—	—	—	—	—	—	—
	F.	3	3	—	—	—	—	—	—	—	—	—	—
61 Symptoms and ill-defined conditions	M.	2	—	—	—	—	—	—	—	—	—	—	2
	F.	10	—	—	—	—	—	—	—	—	—	2	8
62 Motor vehicle accidents...	M.	7	—	—	—	3	1	1	—	1	—	1	—
	F.	2	—	—	—	—	—	—	—	—	—	1	1
63 All other accidents ...	M.	10	—	—	2	—	1	—	1	1	—	2	3
	F.	15	—	1	—	—	—	—	—	—	1	1	12
64 Suicide and self-inflicted injuries	M.	4	—	—	—	—	—	—	—	1	2	—	1
	F.	1	—	—	—	—	—	—	—	—	—	1	—
65 All other external causes	M.	5	—	—	—	1	1	—	—	1	—	2	—
	F.	6	—	—	1	—	—	1	2	—	1	1	—

Crude Death Rates for Wigan During the Last Ten Years

1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
11.07	12.04	13.91	12.57	13.26	12.48	13.22	12.77	13.78	13.10

INQUESTS AND UNCERTIFIED DEATHS
(Wigan Residents Only)

The number of inquests held during 1968 was 94, and the following verdicts were recorded:—

Natural Causes:	....	....	....	....	....	....	....	....	42
Accidents:									
Road	....	....	....	....	....	....	....	8	
Fall —Home	....	....	....	....	....	....	....	13	
—Road	....	....	....	....	....	....	....	5	
—Work	....	....	....	....	....	....	....	2	
Gas	....	....	....	....	....	....	....	1	
Operation....	....	....	....	....	....	....	....	3	
Burns	....	....	....	....	....	....	....	1	
Drowning....	....	....	....	....	....	....	....	1	
Blow on head at Colliery	....	....	....	....	....	....	....	1	
Acute oedema of glottis and bronchial obstruction caused by inhaling soap powder	....	....	....	....	....	....	....	1	
									36
Suicide:									
Gas....	....	....	....	....	....	....	....	3	
Hanging	....	....	....	....	....	....	....	1	
Cutting throat	....	....	....	....	....	....	....	1	
									5
Open:									
Drowning	....	....	....	....	....	....	....	3	
Poisoning	....	....	....	....	....	....	....	8	
									11
									—
									94
									—

There was one uncertified death

DEATHS FROM CERTAIN RESPIRATORY DISEASES

Comparative Rates per 1000 population for the Past Five Years

Bronchitis and Emphysema

			1964	1965	1966	1967	1968
Deaths ....	....	....	51	83	74	82	103
Rates ....	....	....	0.66	1.07	0.95	1.03	1.30

Pneumonia

Deaths ....	....	....	38	36	39	53	46
Rates ....	....	....	0.49	0.46	0.50	0.66	0.58

Pulmonary Tuberculosis

Deaths ....	....	....	4	4	6	5	4
Rates ....	....	....	0.05	0.05	0.08	0.06	0.05

Cancer of the Lung, Bronchus

Deaths ....	....	....	39	46	29	45	41
Rates ....	....	....	0.50	0.59	0.37	0.56	0.52

Other Diseases of Respiratory Organs

Deaths ....	....	....	17	18	10	14	24
Rates ....	....	....	0.22	0.23	0.13	0.18	0.30

Total from all Respiratory Causes

Deaths ....	....	....	149	187	158	199	218
Rates ....	....	....	1.92	2.40	2.03	2.49	2.75

CANCER

Deaths 1896-1968

	No.	Rate		No.	Rate
1896—1900	137	0.44	1931—1935	538	1.28
1901—1905	179	0.53	1936—1940	586	1.42
1906—1910	223	0.49	1941—1945	609	1.54
1911—1915	276	0.61	1946—1950	669	1.59
1916—1920	308	0.72	1951—1955	717	1.72
1921—1925	347	0.76	1956—1960	743	1.82
1926—1930	410	0.93	1961—1965	815	2.08
			1966—1968	495	2.08

C A N C E R
Localisation of Disease, Number of Deaths and Rate per 1,000
Population Annually for the past Ten Years

	1959		1960		1961		1962		1963		1964		1965		1966		1967		1968	
	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate	No.	Rate
Uterus... ..	6	.07	6	.07	4	.05	8	.10	12	.15	7	.10	6	.08	6	.08	10	.13	13	.16
Stomach	40	.49	29	.36	23	.29	21	.27	27	.34	24	.31	24	.31	23	.29	22	.28	23	.29
Breast... ..	11	.14	14	.17	13	.17	12	.15	17	.22	14	.18	15	.19	14	.18	18	.23	20	.25
Lung, Bronchus...	40	.49	41	.50	45	.57	22	.28	46	.58	39	.50	46	.59	29	.37	45	.56	41	.52
Other Sites ...	85	1.05	72	.89	64	.81	77	.98	79	1.00	83	1.07	87	1.12	80	1.02	76	.95	75	.98
Total Deaths from Cancer ...	182	2.24	162	1.99	149	1.89	140	1.78	181	2.29	167	2.16	178	2.29	152	1.94	171	2.15	172	2.20
Total Deaths All Causes ...	959	11.82	975	12.04	1098	13.91	992	12.57	1045	13.26	964	12.48	1027	13.22	997	12.77	1099	13.78	1042	13.10

ANALYSIS OF LIVE PREMATURE BIRTHS 1968

Weight at birth	Premature live births											
	Born in hospital				Born at home or in a nursing home							
					Nursed entirely at home or in a nursing home				Transferred to hospital on or before 28th day			
	Total Births (1)	Died			Total Births (5)	Died			Total Births (9)	Died		
		within 24 hours of birth (2)	in 1 and under 7 days (3)	in 7 and under 28 days (4)		within 24 hours of birth (6)	in 1 and under 7 days (7)	in 7 and under 28 days (8)		within 24 hours of birth (10)	in 1 and under 7 days (11)	in 7 and under 28 days (12)
1 2lb. 3oz. or less	3	2	1	—	—	—	—	—	—	—	—	—
2 Over 2lb. 3oz. up to and including 3lb. 4oz.	6	2	—	—	—	—	—	—	1	1	—	—
3 Over 3lb. 4oz. up to and including 4lb. 6oz.	28	2	2	—	2	—	—	—	—	—	—	—
4 Over 4lb. 6oz. up to and including 4lb. 15oz.	22	1	—	—	—	—	—	—	—	—	—	—
5 Over 4lb. 15oz. up to and including 5lb. 8oz.	59	—	1	—	7	—	—	—	—	—	—	—
6 TOTAL	118	7	4	—	9	—	—	—	1	1	—	—

INFANTILE AND MATERNAL MORTALITY

Infantile Mortality

The number of deaths of children under one year was 29, a rate of 19.37 per 1,000 births, and of children over one year and under five years 4 or .05 per 1,000 of the population. (In 1967 there were 23 deaths under one year, a rate of 16.07 per 1,000).

The deaths under one year occurred as follows:

HOME:

3

HOSPITALS:

14 Billinge Hospital
6 Royal Albert Edward Infirmary
2 Royal Children's Hospital, Manchester
4 Whelley Hospital

Of these, 16 *i.e.* 55% died during the first week of life.

The NEO-NATAL DEATH RATE (deaths per 1,000 live births on or before the 28th day of life) was 10.69. The numbers were:

			Male	Female	Total
Legitimate	....	....	8	9	17
Illegitimate	....	....	1	—	1
			—	—	—
			9	9	18
			—	—	—

The PERINATAL RATE for the year was 29.49 compared with 26.78 in 1967 and 24.23 in 1966.

The average rates for the previous 30 years were as follows:

1938—1947	....	....	65.37
1948—1957	....	....	50.53
1958—1967	....	....	35.07

The STILLBIRTH RATE for the year was 19.00 compared with 17.77 in 1967 and 11.75 in 1966.

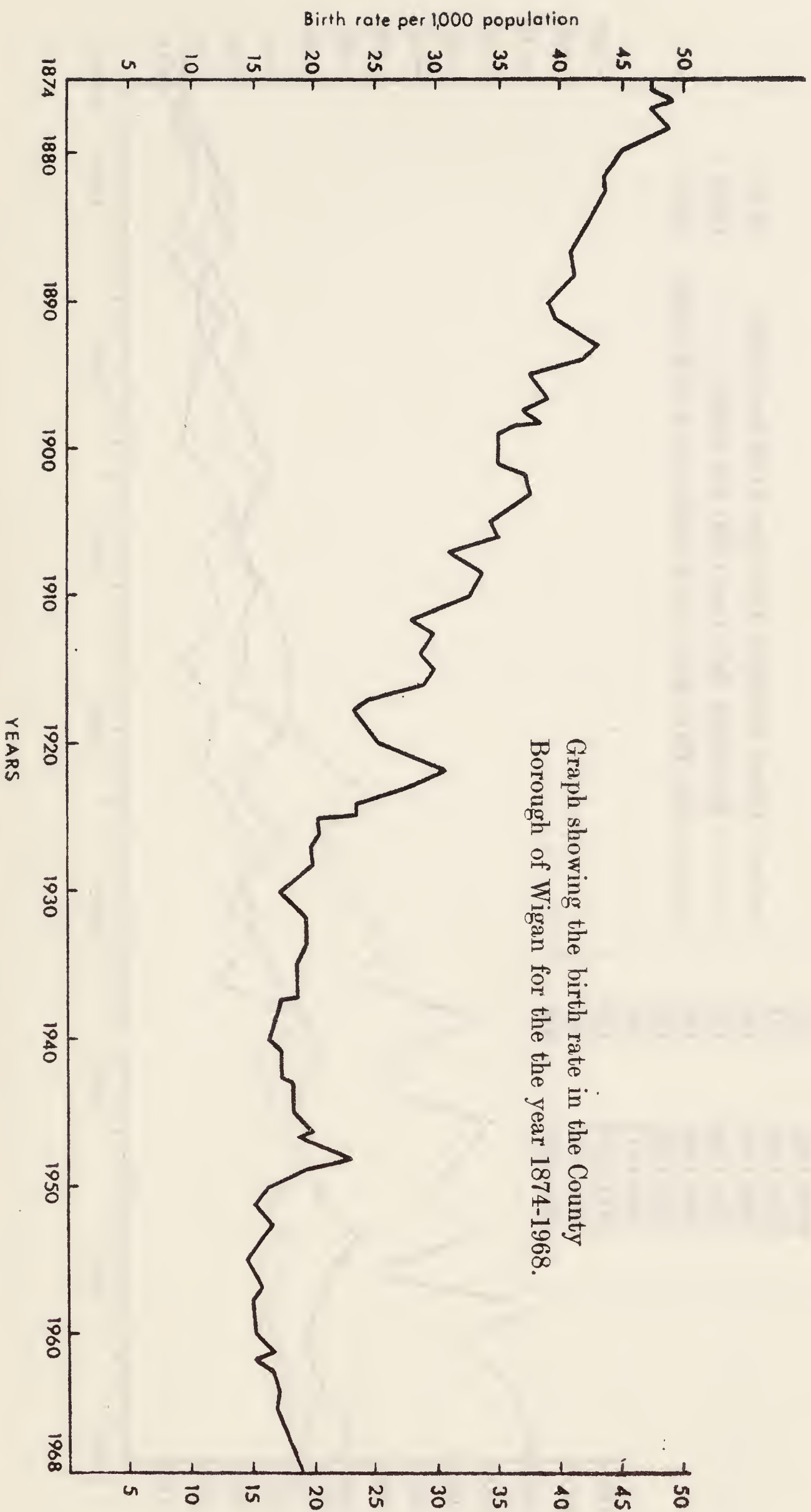
The average rates for the previous 30 years were as follows:

1938—1947	....	....	41.20
1948—1957	....	....	33.89
1958—1967	....	....	21.98

Again prematurity and congenital malformations figured prominently in the causes of infant death. There were no deaths among the premature babies born and nursed at home.

Maternal Mortality

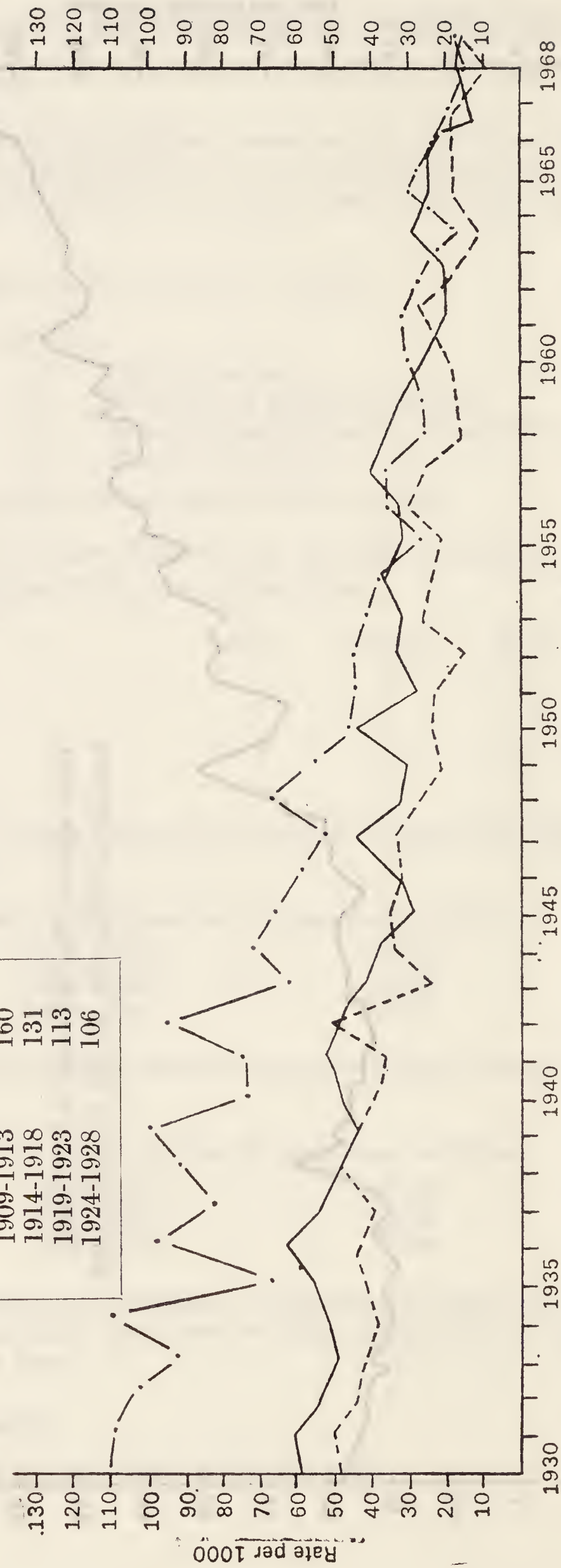
There was one maternal death during the year.

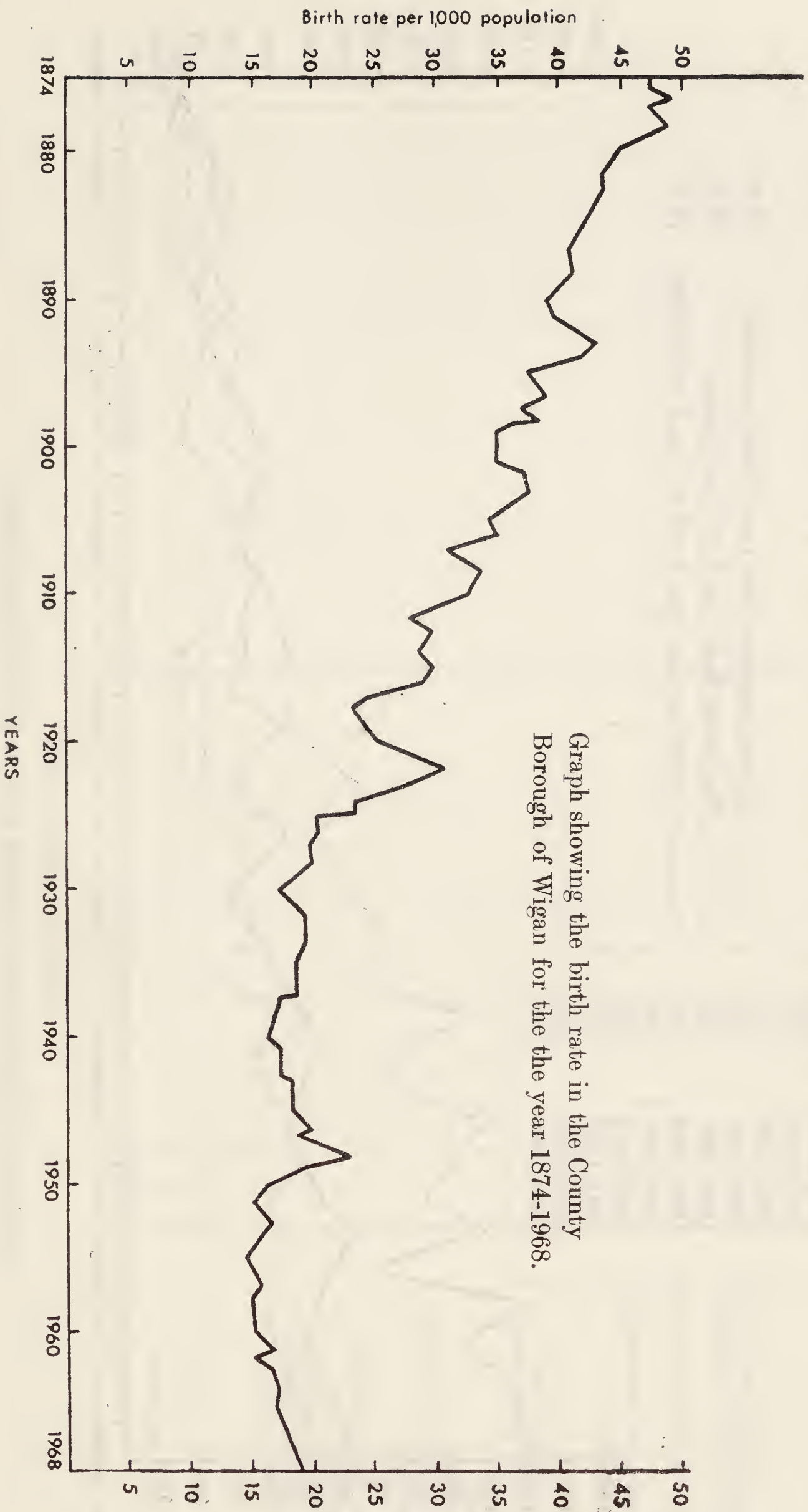


GRAPH showing the INFANT MORTALITY AND STILL BIRTH RATES
in the County Borough of Wigan for the years 1929—1968

Infant Mortality Rate	
5-year periods, 1874-1928	
1874-1878	200
1879-1883	177
1884-1888	171
1889-1893	184
1894-1898	175
1899-1903	184
1904-1908	165
1909-1913	160
1914-1918	131
1919-1923	113
1924-1928	106

-.-.- Infant Mortality Rate (per 1,000 live births). 19.37
 ----- Neo-Natal Rate (per 1,000 live births). 12.02
 ----- Still Birth Rate (per 1,000 live and still births). 19.00

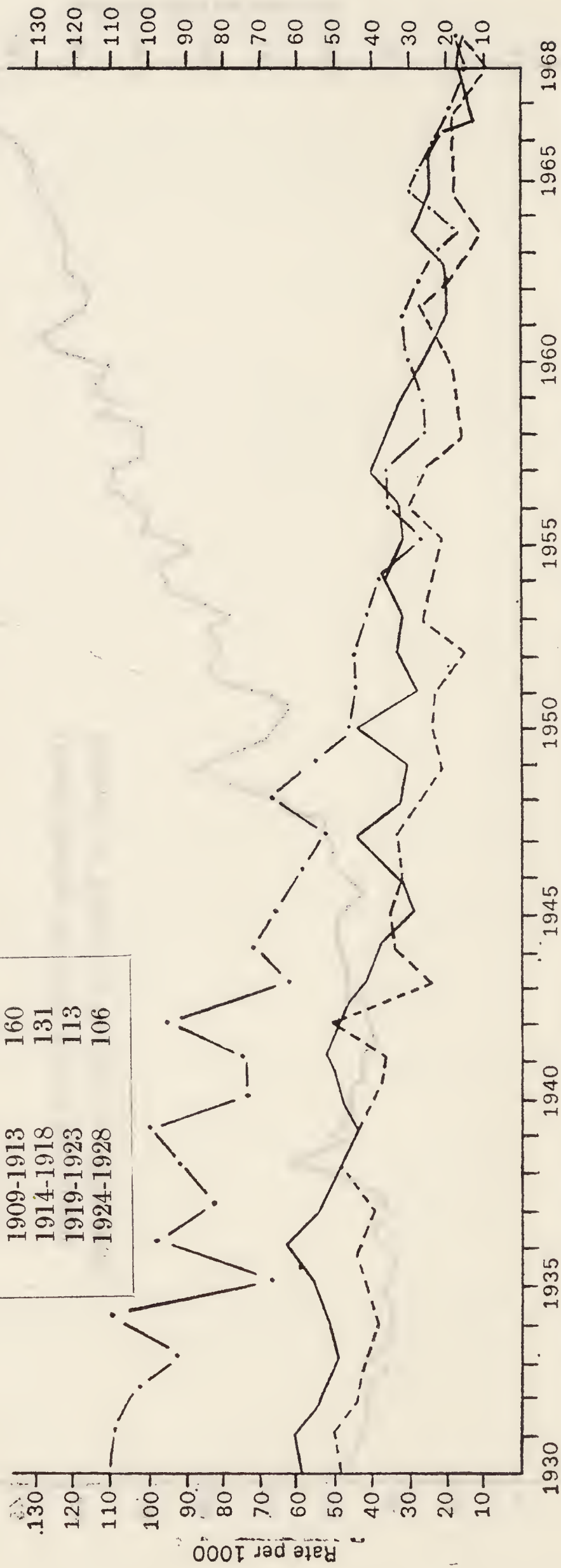




GRAPH showing the INFANT MORTALITY AND STILL BIRTH RATES
in the County Borough of Wigan for the years 1929—1968

Infant Mortality Rate 5-year periods, 1874-1928	
1874-1878	200
1879-1883	177
1884-1888	171
1889-1893	184
1894-1898	175
1899-1903	184
1904-1908	165
1909-1913	160
1914-1918	131
1919-1923	113
1924-1928	106

--- Infant Mortality Rate (per 1,000 live births). 19.37
 ----- Neo-Natal Rate (per 1,000 live births). 12.02
 ----- Still Birth Rate (per 1,000 live and still births). 19.00



INFANT MORTALITY, 1968

Number of Deaths from Stated Causes at Various Periods

Under 1 Year of Age

CAUSE OF DEATH	Under 1 day	DAYS								MONTHS											Total under 1 yr.	
		1	2	3	4	5	6	7	14-20	21-28	1	2	3	4	5	6	7	8	9	10		11
Pneumonia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	1
Bronchopneumonia	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Bronchopneumonia, prolapsed cord	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1	—	1
Bronchopneumonia, fibrocystic disorder	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Bronchiolitis with pulmonary oedema	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Respiratory tract infection	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Aspiration pneumonia, gastro enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Gastro enteritis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Hydrocephalus, spina bifida	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Hydrocephalus, cardiac respiratory failure	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Microcephalic, anencephalic	—	—	—	—	—	—	—	—	—	1	—	—	—	—	—	—	—	—	—	—	—	1
Congenital anencephalic	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Congenital heart disease	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cardiac failure, endocardial fibroelastosis... ..	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Cardiac failure, congestive heart lesion	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Encephalitis	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Hypoglycaemia	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Respiratory distress syndrome	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	2
Respiratory distress syndrome, prematurity	—	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Prematurity	4	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	6
Prematurity due to ante partum haemorrhage	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Post maturity	1	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
Acute oedema of glottis and bronchial obstruction caused by inhaling soap powder	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	1
	7	1	4	2	—	2	—	—	—	2	—	—	3	1	—	1	1	1	—	2	—	29

MORBIDITY**Wigan Area**

In the past it has been the practice to include details of the number of persons applying for sickness benefit (first certificate only) week by week during the year. Due to an amalgamation, the staff of the Department of Health and Social Security are no longer able to supply separate figures for Wigan and it has therefore been decided to cease publishing the figures in this Report.

Section III

National Health Service Act, 1946

**Provision of
Health Services**

MATERNAL AND CHILD HEALTH

The undermentioned Centres were open on the days and at the times stated:—

Centre	Days Open
GOOSE GREEN CLINIC Methodist Church, Sefton Road	Infant and Young Children's Clinic: Thursday afternoons, 2-00 to 4-00 p.m.
HIGHFIELD CLINIC: Parish Hall Billinge Road	Infant and Young Children's Clinic: Monday afternoons 2-00 to 4-00 p.m.
MARSH GREEN HEALTH CENTRE: Marsh Green	Infant and Young Children's Clinic: Wednesday afternoons, 1-30 to 3-30 p.m. Ante-Natal Clinic: Monday afternoons at 2-00 p.m.
PEMBERTON HEALTH CENTRE: Sherwood Drive	Cytology Clinic: By appointment on Thursday lunchtimes and Friday evenings. Infant and Young Children's Clinic: Monday afternoons, 2-00 to 4-00 p.m. Ante-Natal Clinic: Thursday afternoons at 2-00 p.m. A Consultant Obstetrician attends on one Thursday of each month. Toddler Clinic: Tuesday morning 9-30 to 11-30.
SCHOLES CLINIC: St. Catherine's Mission, Platt Lane	Infant and Young Children's Clinic: Friday afternoons, 2-00 to 4-00 p.m.
SPRINGFIELD CLINIC: St. Andrew's Church House Woodhouse Lane	Infant and Young Children's Clinic: Tuesday afternoons, 2-00 to 4-00 p.m.
WIGAN HEALTH CENTRE: Millgate	Infant and Young Children's Clinic: Wednesday afternoons, 1-30 to 4-00 p.m. Ante-Natal Clinic: Tuesday afternoons at 2.00 p.m. A Consultant attends on one Thursday of each month. Post-Natal Clinic: On one Thursday each month at 2-00 p.m. Dental Clinic: by appointment Class for expectant mothers: Friday afternoons at 2-00 p.m. Orthopaedic Clinic: Open each Monday, Wednesday and Thursday, Surgeon attends once monthly, Cases from Ince, Hindley, Standish, Aspull, Haigh, Shevington and Platt Bridge also attend.
WORSLEY MESNES CLINIC: Dryden House Worsley Mesnes	Infant and Young Children's Clinic: Tuesday afternoons, 2-00 to 4-00 p.m. Ante-Natal Clinic: Wednesday afternoons, 2-00 to 4-00 p.m. fortnightly.

CARE OF EXPECTANT AND NURSING MOTHERS

Ante-Natal Care

General medical practitioners were booked to undertake the ante-natal care of expectant mothers in almost 99% of home confinements. The trend towards the more educational aspect of maternal welfare, including the instruction of mothers in personal and family hygiene and the dissemination of information to create the best psychological approach to the actual delivery, continued during the year.

Ante-natal clinics were held weekly at the Central, Pemberton and Marsh Green Health Centres and fortnightly at Worsley Mesnes Clinic. These sessions are now dealt with by Midwives only, in conjunction with general practitioner care. A Consultant Obstetrician attended the Central Health Centre, Millgate, for one session a month.

Ante-natal care at clinics included the chest X-ray of expectant mothers and samples of blood were taken to test the Rhesus factor, the Wasserman reaction and haemoglobin content. Iron therapy, in the form of Ferrous Gluconate tablets, and supplies of welfare foods and vitamins were made available. Maternity outfits were provided by the midwives for domiciliary confinements and to patients discharged after 48 hours from Billinge Hospital.

Attendances at Ante-Natal Clinics

	WIGAN CENTRE		PEMBERTON	MARSH	WORSLEY
	Weekly	Consultant	Weekly	GREEN	MESNES
	Clinic	Clinic	Clinic	Weekly	Clinic
	Clinic	Clinic	Clinic	Clinic	Clinic
Number of Primary Cases attending Clinic during the year	314	17	125	42	58
Total number of attendances	1,186	77	593	246	366

Attendances were again lower than the previous year, as the Deputy Medical Officer of Health no longer attends the ante-natal clinics and a greater number are being seen by general practitioners in their own surgeries, where a midwife is also present.

Post-Natal Clinics

A Consultant Obstetrician held one post-natal session a month and nursing mothers were encouraged to attend for examination; no distinction was made between domiciliary and hospital confined patients. A total of 150 attendances was made comprising 121 new cases and 29 return cases.

32 women underwent cytology examinations and 40 specimens were submitted for investigation.

Health Education for Expectant Mothers

A mothercraft training and exercise class for expectant primiparae is held at the Central Clinic every Friday afternoon. Throughout each series of classes, expectant mothers join in group discussion on mothercraft, diet, pregnancy, labour and general care of the infant. Maximum use of film and filmstrips is made. Relaxation exercises are taught and reassurance given to allay any fears which may exist. The classes are conducted by Health Visitors in a fairly informal manner. This makes for truly friendly, relaxed visits by the young mother-to-be. During 1968 there were 48 classes at which 474 attendances were made by expectant mothers.

Care of Unmarried Mothers

There is one residential home in Wigan for expectant and nursing unmarried mothers. It is registered as a nursing home under the Public Health Act, 1936, and the Nursing Homes Act, 1963, and though under the control of the Liverpool Diocesan Board of Moral Welfare is not restricted to members of the Church of England. The local authority makes a grant to the Board to meet the cost of caring for Wigan girls and towards the maintenance of the Home.

Full ante-natal care for those resident in the Home is given from the time of admission with medical supervision at Billinge Hospital, where the babies are delivered. Full liaison between staffs is ensured by the regular attendance at the Home of a Health Visitor.

The Superintendent Health Visitor represents the Medical Officer of Health at the monthly meeting of the Wigan and District Moral Welfare Association, which deals with the work of the outdoor visitor and to which the Authority makes a small annual grant.

CARE OF CHILDREN UNDER SCHOOL AGE

Notification of Congenital Malformations

Local arrangements have been made for congenital malformations apparent at birth to be notified to the Medical Officer of Health by the doctor or midwife notifying the birth. All concerned have co-operated fully in the scheme and there is no reason to doubt that notifications of all defects are being received. Notifications of 73 congenital malformations were received in respect of 65 Wigan children born in 1968, a wide range of conditions being notified. Returns are made to the Registrar General in accordance with Ministry of Health Circular 13/63.

Child Health Centres

There are eight child health centres, at each of which one weekly clinic was held. Pressure on the medical officer at Central Clinic necessitated the introduction at the end of the year of an additional fortnightly immunisation session. Each is in the charge of a Health Visitor and an Assistant Medical Officer attends the clinic sessions. During the year the numbers of persons attending were as follows:—

CLINIC	Attendances of Children			Total	Primary Cases	Cases examined by medical attendant	Mothers Attend'g
	under 1 year	over 1 and under 2	2 and under 5				
Central	1914	282	595	2791	334	1569	2403
Scholes	1185	201	341	1727	187	925	1397
Pemberton	2102	283	481	2866	289	1488	2498
Worsley Mesnes	1716	231	199	2146	222	634	1901
Springfield	1784	282	534	2600	237	1075	2178
Highfield	1338	366	408	2112	151	680	1724
Goose Green	2130	323	331	2784	259	838	2454
Marsh Green... ..	1313	227	369	1909	171	1006	1678
	13482	2195	3258	18935	1850	8215	16233

The total of attendances is the highest ever recorded and represents a 22% increase on the figure of 15,483 for 1967. It has been shown in the past that many mothers will neglect to attend clinics unless pressed to do so and a slight improvement in the staffing position of the Health Visiting service has clearly had some effect, but at least three other factors may, to varying degrees, be partly responsible for the improvement.

It is now nearly ten years since the teaching of mothercraft in Secondary Schools by Health Visitors was started and many of today's young mothers are highly "clinic conscious" as a result of this training during their final years at school. The introduction of an appointments system for vaccination and immunisation, shown on page 49 to have had a significant effect on the acceptance rate, has increased attendances as the majority of mothers have preferred to attend clinics for this purpose. The third factor, more difficult to evaluate, is the influx of young couples from the Merseyside area to the new housing estates in the borough. They would seem to have increased the child population and may also influence the birth rate in the next few years.

Whatever influences mothers to first attend clinics, only the standard of the service they receive will ultimately encourage them to make return visits. The fact that more are now regularly attending speaks highly for the quality of work performed and advice given by both nursing and medical staffs, whose efforts also do much to ensure a complete continuity of supervision of children from birth to the time they start to attend school and thus overcome the possibility of abnormalities going undetected in 2—4 year olds whose mothers might not otherwise seek help.

No consultant attends at the child welfare centres but cases are referred from them to the Paediatrician at the Royal Albert Edward Infirmary. A Health Visitor attends the Paediatric and Diabetic Clinics at the Infirmary weekly as liaison officer and adviser on the social aspects of the cases. Cases are also referred to the Infirmary for orthoptic treatment.

An Orthopaedic Surgeon attends the Central Clinic in Millgate one session each month. Breathing exercises and other treatment are given on Monday, Wednesday and Thursday each week by the Physiotherapist.

A Toddler Clinic is held each Tuesday morning at either the Central or Pemberton Clinic. An Assistant Medical Officer attends the session to which selected children are referred by Health Visitors.

Child Guidance

With the appointment in January, 1968, of Dr. Moira P. Jonas as Consultant Child Psychiatrist, the re-introduction of this important service was possible and two sessions have been held each week at Pemberton Health Centre. School and pre-school children from Wigan and the surrounding districts are seen at this Clinic, which is also attended by an Educational Psychologist and a Psychiatric Social Worker.

Distribution of Welfare Foods

National Welfare Foods are distributed from the Welfare Foods shop which is situated in the Municipal Buildings and from the various Maternity and Child Welfare clinics in the Borough. Proprietary branded milk foods and vitamin supplements are also sold. The quantities issued or sold during the year were:

National Welfare Foods:

National Dried Milk	....	....	....	....	12,987 tins
Orange Juice	....	....	....	....	27,681 bottles
Cod Liver Oil	....	....	....	....	2,296 bottles
Vitamin A and D tablets	....	....	....	....	2,381 packets

Proprietary brands of foods and vitamin supplements:

Proprietary milks	....	....	....	....	43,615 packs
Vitamin supplements	....	....	....	....	9,948 packs
Rose Hip Syrup	....	....	....	....	7,273 bottles
Cereals	....	....	....	....	10,331 packets
Complan	....	....	....	....	4,107 packs

Sales of Welfare Foods were similar to 1967, but sales of proprietary milks and vitamin supplements decreased. The amount of Rose Hip Syrup sold again showed a substantial reduction and was 18% less than in the previous year, while increased sales of cereals were mainly due to the introduction of two additional popular brands of rusks.

Dental Care and Treatment

I am indebted to the Principal School Dental Officer for the following summary of the dental work carried out during the year for the Maternity and Child Welfare Section:—

As in previous years, facilities remained available for the dental examination and treatment of expectant mothers and children under school age during routine working sessions. The demand has, however, declined as a result of the reduction in attendances at the authority's ante-natal clinics but all expectant mothers are encouraged to have a dental examination and offered the opportunity and convenience of this service.

The examination of residents of the Home for unmarried mothers has been an important aspect of this work in view of the inaccessibility of their private dentist but this is now out of our hands as their ante-natal care, with an automatic check on dental fitness, is carried out at Billinge Hospital.

The problem of acquiring for dental treatment and inspection children of pre-school age has been as acute as ever, although invaluable help has been rendered by the Assistant Medical Officers and Health Visitors who ceaselessly endeavour to instil into the parents the vital importance of early dental care.

Analysis of Priority Dental Care:—

	Equivalent Sessions	Examined	Needing Treatment	Offered Treatment	Treated	Made Dentally Fit
Expectant and Nursing Mothers	8.8.	5	5	5	5	3
Children under five ...		42	33	31	40	29

Forms of Dental Treatment provided:—

	Scalings and Gum Treatm't	Filling	Silver Nitrate Treatment	Crowns or Inlays	Extractions	General Anaesthetics	Dentures provided		Radio-graphs
							Full Up. or Lr.	Part Up. or Lr.	
Expectant and Nursing Mothers	—	11	—	—	7	—	2	—	—
Children under five	—	58	—	—	40	16	—	—	—

Day Nursery

There was accommodation for 67 children and the nursery was open Monday to Friday from 7-0 a.m. to 6-15 p.m. It is provided primarily for children of mothers who go out to work and also for children whose parents are temporarily unable to care for them. Demand for nursery places remained at a high level and there was a waiting list of children seeking admission.

An Assistant Medical Officer attended the nursery at regular intervals to supervise the health of the children.

Attendances fluctuated considerably and were particularly affected by outbreaks of infectious diseases. In 1968 the average daily attendance was 53 compared with 56 in 1967 and 58 in 1966.

Nurseries and Child Minders Regulation Act, 1948

Child Minders

There were at the end of 1968 three registrations for a total of 24 children.

Regular inspections were carried out by the departmental staff to ensure that the provisions of the Act were complied with.

No additional registrations had been made before the end of the year as a result of the Health Services and Public Health Act, 1968, but several new enquiries were being investigated. Although child minding in Wigan has not given rise to any anxiety, the closer supervision possible under the new Act will clearly enable the welfare of the children to be more carefully guarded.

Playgroups

One pre-school playgroup for thirty children was registered by the Authority making a total of four registered playgroups for 114 children.

Interest in the establishment of playgroups is increasing. Some notes of guidance regarding standards have been issued from the Health Department and any person seeking to establish a playgroup is offered advice by the Superintendent Health Visitor.

FAMILY PLANNING

The Council makes available accommodation in the Central Clinic, Millgate, and Pemberton Health Centre for the use of the Wigan Family Planning Clinic. Two regular weekly evening sessions are held at the Central Clinic, in addition to a special session on the evening of the first Tuesday in each month. Sessions at Pemberton Health Centre are held weekly on Tuesday afternoons. Attendances continue to rise and reached a total of 7,565 in 1968. There were 589 new patients during the year.

For lay staff the clinic relies on voluntary workers from the Association. In addition specially trained women doctors and nurses are employed at each session. There is no doubt that the service contributes greatly to the sum of social medicine undertaken by the Authority. The professional and voluntary workers deserve the highest praise for their efforts.

During the year 295 cervical smears were taken from women attending the clinics.

DOMICILIARY MIDWIFERY

The staff employed at the end of the year was one non-medical Supervisor, and 11 whole-time municipal midwives.

The number of cases was 430 compared with 461 in 1967, representing 27% of the total Wigan births during the year; the general practitioner was engaged in almost 99% of the cases. Irrespective of whether or not the doctor was engaged the midwife made regular ante-natal visits to her patients and 5,470 such visits were made. After delivery the midwife attended the patient for a minimum of ten days and for a longer period if necessary; 11,473 such visits were made.

Early Discharge

The system of 48 hour discharge for selected cases continued during the year with full prior agreement between the hospital, general practitioners and the midwifery service. However, many other mothers were discharged from hospital before the tenth day because of the shortage of staffed hospital beds. Such cases have increased the work of the service and, being discharged at very short notice, caused administrative problems. There were 1,049 early discharges, of which 201 were planned 48-hour discharges. Some mothers were discharged as early as one day after delivery.

Hospital Bookings

Hospital confinement was restricted to certain categories of patients, *i.e.* where there was some obstetrical abnormality, for primiparae who sought admission, for cases where there was some associated medical condition and for those whose home conditions were unsuitable. Visits were made to 252 homes regarding their suitability for the nursing of patients discharged from hospital in 48 hours. These investigations were carried out by the midwives on whose areas the patients resided.

Night Rota System

The night rota system for midwives continued to operate. Three midwives were on duty each night and attended all calls within the Borough. The team of three midwives remained on night duty for a whole week and could then expect no further night calls for three weeks. Calls during the night were made to the Ambulance Station and the Control Assistant contacted the appropriate midwife. The arrangements worked very satisfactorily and enabled midwives to enjoy a more normal home life for three weeks in four.

Ante-Natal Clinics

The ante-natal clinics were attended by midwives on a rota basis, thus providing them with an opportunity to have their clinical findings confirmed and to meet mothers whom they might possibly deliver because of the night rota system. A total of 1,257 blood samples was taken comprising 94 for Wasserman reaction, 153 for the Rhesus factor and 1,010 for haemoglobin estimation. Referrals to the Chest Clinic for chest X-ray numbered 73, of whom 68 kept their appointments.

Midwives working in domiciliary practice attended ante-natal clinics run by general practitioners in four group surgeries.

Medical Aid

The rules of the Central Midwives Board require midwives to send for medical aid under conditions and for reasons specified. Medical aid was summoned in 16 cases involving conditions arising during the ante-natal period, in 61 cases for the mother alone, in 19 cases for the child alone, and 10 cases for both mother and child. The general medical practitioner had been engaged in 102 of these cases.

Analgesia

Each midwife carried an "Entonox" machine or a "Trilene" outfit. Entonox machines have been approved by the Central Midwives Board for use by unsupervised midwives and provide for the administration of a 50/50 mixture of nitrous oxide and oxygen. Cylinders of analgesic gases were supplied through the Ambulance Depot.

Details of analgesics administered by midwives during the year are shown below:

	No. of cases
Trilene only	50
Pethilorfan only	42
Trilene and Pethilorfan	81
Nitrous Oxide and Oxygen only	69
Nitrous Oxide and Oxygen and Pethilorfan	156

Emergency Obstetrical Unit

By arrangement with the Wigan and Leigh Hospital Management Committee a mobile Obstetrical Unit based on Billinge Hospital was available for cases of obstetrical emergency occurring within the Borough. The unit, composed of an obstetrician and an experienced hospital nurse and equipped with equipment for blood transfusion, was transported to the home by the Ambulance Service. Three calls were made upon this service during the year.

Care of Premature Infants

The number of premature infants (*i.e.* weighing 5½ lbs. or less at birth) notified during the year was 123; of these 10 were born at home and 113 in hospital.

The early care of premature infants born at home was undertaken by the Supervisor and the midwife engaged for the confinement. On receiving information of the birth the Supervisor took over responsibility for the case and the midwife worked under her direction. Visits were paid daily or more often if necessary, special attention being given to the feeding and handling of the baby. Special equipment in the form of draught-proof cots with bedding and hot water bottles, oxygen resuscitator and baby clothing were provided. Daily record charts were made out for each infant and these were made available to the doctor attending the cases. The intensive visiting was continued during the first month or until such time as the baby had attained normal standards. By these means the mother was given every opportunity of learning how to handle and tend the infant.

The results of this concentrated attention were very good and fully justified the time devoted to them. All premature babies were entered upon the Department's "At Risk" register as a matter of routine.

There is a premature baby unit at Billinge Hospital under the control of the Consultant Paediatrician. Close liaison was maintained with the Department, especially when babies were about to be discharged to home and specialised nursing was continued where necessary.

Retrolental Fibroplasia

No case was reported during 1968.

Neo-Natal Cold Injury

Each midwife was supplied with a thermometer registering to 70°F. to facilitate the diagnosis of this condition.

No case was reported in 1968.

Ophthalmia Neonatorum

Two notifications were received from a general practitioner in respect of hospital early discharges, but on investigation these were found to be mild staphylococcal infections.

Transport of Midwives

Car allowances were made to midwives who used their own motor cars whilst on approved duties. Eleven midwives travelled an aggregate of 23,615 miles in the year.

Midwives without motor transport used the Corporation's bus service or the ambulance service.

Maternity Homes

The Christopher Home, administered by the Wigan and Leigh Hospital Management Committee, was the only Maternity Home within the Borough. Six beds were available for maternity cases and during the year there were fifteen Wigan births in the Home. The maternity section of this Home was closed down on 30th September, 1968.

Training of Midwives

The Authority provides district training for pupil midwives taking Part II of the C.M.B. Course; six students received training during the year.

Maternity Liaison Committee

The Maternity Liaison Committee continued to meet periodically and its proceedings helped to co-ordinate the work of the maternity services.

HEALTH VISITING

Summary of visits during the year 1968:—

No	of primary visits to births	....	....	....	....	....	1,503
,,	visits to infants under one year	....	....	....	....	....	6,315
,,	,, infants over one year and under two years	....	....	....	....	....	3,083
,,	,, infants over two and under five years....	....	....	....	....	....	5,966
,,	,, expectant mothers	....	....	....	....	....	235
,,	,, cases of infectious disease	....	....	....	....	....	234
,,	,, re deaths under one year	....	....	....	....	....	15
,,	,, stillbirths	....	....	....	....	....	42
,,	,, to aged persons	....	....	....	....	....	2,820
,,	,, mentally disordered persons	....	....	....	....	....	200
,,	,, tuberculosis households	....	....	....	....	....	11

Two students successfully completed the Health Visitors training course during the year and by 31st December nine full-time and one part-time Health Visitors and one clinic assistant were in post. Although this number is close to the present establishment, the increase in the amount of specialised work being undertaken and the desirability of closer collaboration with general practitioners suggest that more staff will be needed in future if the high standard of service to which Wigan has become accustomed is to be maintained.

The Authority operates a scheme whereby nurses are sponsored for training as health visitors and two students were undergoing training at the end of the year.

Collaboration with General Practitioners

The scheme introduced in 1962 whereby health visitors collaborate with general practitioners by working with them in their areas continued. One health visitor is attached to a group practice, two visit surgeries regularly and all other staff liaise with practices by telephone and make visits to cases selected by the doctors. This collaboration is proving an extremely valuable link between the general practitioner and the Department.

“At Risk” Register

In order to use the depleted staff to the best advantage an “At Risk” register is maintained and selective visiting is undertaken. The register contains details of infants who are known to have handicapping conditions and those known to be specially “at risk” by reason of unfavourable family history, adverse environment before, during or after birth, or who show suspicious symptoms in the first months or years of life. The health visitor concentrates more on these children than on the normal child whose background does not appear to be unfavourable. At the end of the year the register contained the names of 527 children.

Phenylketonuria

Routine screening for phenylketonuria was carried out by health visitors in child welfare clinics and in the home. Children born in the Borough were given a simple test to detect phenylketonuria which is known to be one of the causes of brain damage. During the year 2,305 tests were performed compared with 1,757 the previous year.

Ascertainment of Deafness in Pre-School Children

The screening of vulnerable children for deafness was carried out by specially-trained health visitors and children failing to pass the screening tests were referred to the Medical Officers who have special experience in the field of audiometry.

Field Work Instruction

Two members of the staff are qualified Field Work Instructors, one supervising the practical work of the Wigan students and the second, in addition to supervising a student from another authority, has this year undertaken the practical tuition of a student from overseas who required an extended period of training.

The two field work instructors attended meetings with the tutors of established courses to ensure that appropriate practical work was being associated with theoretical instruction.

Mothercraft

The importance of mothercraft is now being increasingly recognised and its teaching is one of the duties of the health visitor. During the year, besides the talks at clinics and in the homes, courses of lectures were given in six schools. Observation visits were made to clinics and the day nursery. Of 172 pupils who entered for the examination in "Child Care" for schools, arranged by the National Association for Maternal and Child Welfare, 166 were successful.

The Superintendent and a senior health visitor conducted the oral part of the examination.

Nurse Training

Public Health lectures, practical demonstrations and observation visits were provided for student nurses undergoing training at the Royal Albert Edward Infirmary, Wigan.

Consultant Clinic

One health visitor attended weekly at the Paediatric and Diabetic Clinics at Wigan Infirmary and brought to the notice of the Consultant the social background and environment of the children from the Borough who were attending. She arranged to visit the home when necessary and was available to advise parents as to the best way of carrying out the treatment indicated by the Paediatrician.

Courses

A Health Visitor completed part two of the Group Advisers Course at St. Gabriel's College, London. Two health visitors attended a one-day refresher course in Health Education at Manchester in April.

Transport Arrangements

All health visitors who use their own cars on official duties are paid a casual user car allowance and at the end of the year seven of the staff were doing so, the remaining three using public transport.

Specialised Work

Health Visitors continued to attend toddler and cytology clinics, ante-natal and mothercraft classes, screening tests for deafness in children and paediatric and diabetic clinics at the Royal Albert Edward Infirmary.

A health visitor accompanied the Deputy Medical Officer of Health to Council Homes for the Aged to undertake routine screening examinations of the residents and the general practitioner was informed whenever any abnormality was discovered. These visits are to be followed up by other health visitors carrying out Haemoglobin tests.

The opening of Mere Oaks special school has necessitated close liaison with the County health visitor at the school in respect of physically handicapped children attending from the Borough. A full interchange of information ensures a high degree of co-ordination of efforts on behalf of these children in the school and in the community.

General

The work of these all-purpose nurse/social workers is not restricted to children and the increase in the aged population is but one factor in the widening of its scope. Some progress has been made this year in the visiting of the aged by the employment of clinic assistants, who also increased the attendances at cervical cytology clinics by house to house visiting in selected areas.

Increased interest in the establishment of play groups necessitated more advisory visits by the Superintendent Health Visitor and at the end of the year the new legislation governing the registration of child minders began to take effect in greater numbers of enquiries regarding registration.

It is important to keep abreast of modern developments and throughout the year in-service training sessions were held and films, slides and recorded talks were used. Staff from the neighbouring County area were invited to attend on a number of occasions.

Despite these increasing demands upon her time, the health visitor must continue to place emphasis on health education, the prevention of break-up of families and the problems of pre-school handicapped children. While current developments suggest the continuation of her multi-purpose role, shortages in the availability of additional staff make inevitable the need for some degree of specialisation. This problem will clearly demand our increasing attention for some time.

THE CHILDREN ACT, 1948

A close liaison exists between the Health Department and the staff of the Children's Department. Assistant Medical Officers of Health are available for consultation and medical examination of all children in the care of the Authority.

CHILDREN NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES

PREVENTION OF BREAK-UP OF FAMILIES

Co-ordinating Officer

Following a joint circular issued in 1950 by the Home Office, Ministry of Health and Ministry of Education, regarding Children Neglected or Ill-treated in their Own Homes, the Medical Officer of Health was designated as co-ordinating officer to secure full co-operation among all the local services, statutory and voluntary in the Borough.

Co-ordinating Committees

It is the duty of the co-ordinating officer to convene meetings of representatives of the various interested bodies to consider significant cases of child neglect and all cases of ill-treatment of children. This Co-ordinating Committee has continued to meet at regular intervals.

The Council also appointed the Chairmen and Vice-Chairmen of the Children's, Education, Estates and Health Committees to determine questions of a special nature on the subject of the circular at elected representative level.

On 1st October, 1963, Section 1 of the Children and Young Persons Act, which extends the power and duties of Local Authorities to promote the welfare of children, was brought into operation. This section is not intended to upset the arrangements already in existence for the performance and co-ordination of preventive work. It does, however, provide statutory authority to perform welfare work and meet any consequent expenditure relating to families where children are likely to need care.

These powers are of great assistance to the Co-ordinating Committee, particularly in their preventive case work.

The Committee has representatives of the Health, Education, Children's and Housing Departments of the Local Authority, the Department of Employment and Productivity, Department of Health and Social Security, Probation Service, N.S.P.C.C., the Wigan and District Moral Welfare Association and the W.R.V.S. It meets at bi-monthly intervals to co-ordinate policy and to minimise multiple visiting by social workers which can prove confusing to the family concerned. Liaison is maintained amongst the Committee members to effect continued help to the families between meetings. A number of voluntary agencies who are not represented at the meetings give timely help in the provision of goods, services and monetary grants and this assistance is greatly appreciated.

No. of cases under review, 1st January, 1968	....	....	16
No. of new cases during the year	....	....	5
No. ceased to be considered	....	....	3
No. of cases under review 31st December, 1968	....	....	18

FAMILY SERVICE PROJECT

Case Load

Families under supervision at 1st January	....	....	....	....	19
Families under supervision at 31st December	....	....	....	....	19

Orlit Houses

Renovated	....	....	....	....	70
Unoccupied — Work in progress	....	....	....	....	19
Occupied until required for renovation	....	....	....	....	7
					—
Total Number of Houses	....	....	....	....	96
					—

A high standard of co-operation between all Corporation departments concerned has, with the help of the Gas and Electricity Boards and a first class furniture removal service, produced a smooth and effective movement in the renovation and letting of houses.

Family case work has commenced in new homes and has met with opposition in some cases and co-operation in others. Several families who were helped at the outset of the project continue to seek the advice of the Family Case Worker with deep rooted problems. The response in one case has exceeded all expectations and the family continues to live well above the level of the previous ten years.

There are inevitable fluctuations in home standards and outbreaks of anti-social behaviour have occurred, but the overall community picture is one of improved personal standards and neighbourhood relationships. Poverty continues to limit progress but several families in this category have shown a marked improvement in their budgeting ability. It was anticipated that central heating costs would create problems but although some debts have accumulated and given cause for anxiety, most families have managed to cope.

Other Areas

Family case work with former occupants of the Homeless Families Unit (now closed) has proved valuable. Some families were not readily accepted into their new community but after a time satisfactory integration was brought about in each case.

Joint casework with other social workers and agencies has produced many satisfactory results. In one such case, co-operation with Mental Welfare Officers resulted in an almost complete recovery by a family which had spent three years in the Unit and had previously been evicted twice.

Material assistance in the form of furniture and clothing has again been a valuable tool in the work of rehabilitation, while in problem family situations a more satisfactory response has often been obtained by involving other members of the family.

HOME NURSING

Administrative Arrangements

The service functions on a non-resident basis.

The District Nursing Service office at the Nurses Home, 9 New Market Street, is staffed on weekdays from 8-30 a.m. to 7-30 p.m. and messages are accepted between these hours. At all other times requests for a District Nurse are left at the Ambulance Station which is operational 24 hours a day. The District Nurses working in the Marsh Green, Worsley Mesnes and Sherwood Drive areas used the new clinics as their bases and these facilities were also used by relief nurses on a number of occasions. Certain patients were encouraged to attend for treatment at the clinics, and patients made 537 attendances during the year, thus saving valuable professional time. Each night a duty nurse remained at the Nurses Home until 7-30 p.m.; before going off duty she telephoned the ambulance station, to ascertain whether any emergency calls had been received and then she visited a limited number of patients. Full co-operation from general medical practitioners and hospitals ensured that the arrangements worked satisfactorily.

Nurses continued to visit patients as in previous years and when necessary two or even three visits daily were made. The total number of visits during the year was 60,070 which represents a slight reduction on the 1967 figure, mainly due to staff shortage early in the year. An increase in the number and duration of treatment of geriatric patients has been noted and good liaison with hospital staffs has produced satisfactory results with the increasing number of early discharged post-operative cases, none of whom have had any need to return to hospital other than for re-suturing.

Injections

The total number of injections given was, at 29,455, slightly less than the previous year. There was a decrease in injections to cardiac and diabetic patients but injections to patients suffering from asthma, anaemia, neuritis and rheumatism increased.

Arrangements were made towards the end of the year for patients able to travel conveniently to attend an Injection Clinic at the Nurses Home. The clinic, which has proved successful, commenced in December and by the end of the year 37 injections had been given to 15 patients.

The number of cancer cases again increased and 73 of the 158 cases treated were aged under 65 years.

Incontinence Pads (see also page 59)

Incontinence pads were provided in selected cases and were of great benefit to the patients and nurses. The number used was greater than ever before as a result of the increase in geriatric and carcinoma cases.

Other patients were able to obtain pads from the Department at a special rate.

Disposable Equipment

For a number of years disposable syringes have been used by District Nurses. Disposable gloves were used by the nurses when giving penicillin and streptomycin injections and other disposable equipment included pre-sterilised dressings, enemas, masks and washcloths.

Transport

Four Corporation owned vehicles were used by District Nurses. The Superintendent received an allowance for the use of her car to visit nurses and patients, six District Nurses received essential car user allowances and two an allowance for the use of their auto-cycles.

Marie Curie Memorial Foundation

Since February, 1965 the Authority has been responsible for the administration of the Marie Curie "Area Welfare Grant Scheme" and the "Day and Night Nursing Service" in the Borough. These services are financed by the Marie Curie Memorial Foundation and are for the benefit of patients suffering from cancer. The Superintendent of the District Nursing Service supervises the detailed arrangements for providing help to patients. No difficulties were experienced and the services resulted in considerable relief being given to both patients and relatives. A total of 81 cases was helped in 1968 and a number of donations were received on behalf of the Foundation from relatives who wished to express their appreciation for the assistance given to patients.

Staff

At the end of the year the Superintendent and a full establishment of fifteen whole-time nurses (two of them male nurses and three State Enrolled Nurses) were in post.

During the year the duties of the State Enrolled Nurses were revised, giving them extra responsibility in enabling them, in specified circumstances, to give injections. They have continued to work under the supervision of experienced State Registered Nurses with District Training and to undertake many of the routine time-consuming visits.

Training

State Enrolled Nurses now take the assessment examination of the Queen's Institute of District Nursing as soon as possible after appointment and one was successful in the December examination.

Pupil S E.N.'s from Billinge Hospital attended for periods of four days to gain experience of domiciliary nursing and 44 student nurses from the Royal Albert Edward Infirmary made visits of observation during the year.

The following is a record of work done during 1968:—

No. of cases on the books 1st January, 1968....	530
No. of new cases during 1968	1,298
No. of visits paid by the nurses	60,070
No. of cases ceased to be visited:—	
Now convalescent	693
Removed to hospital	314
Deaths	196
Other reasons	87
	— 1,290

No. of cases remaining on the books on 31st December, 1968 538

A classification of cases attended during 1968 will be found on pages 45—48.

Classification of Cases

Table I—All Ages

Tuberculosis of Respiratory System	....	....	....	....	....	....	9
Tuberculosis, other forms	....	....	....	....	....	....	1
Malignant Neoplasms	....	....	....	....	....	....	126
Benign and unspecified neoplasms	....	....	....	....	....	....	32
Diabetes mellitus	....	....	....	....	....	....	23
General and Nervous Debility	....	....	....	....	....	....	43
Multiple sclerosis	....	....	....	....	....	....	10
Vascular lesions affecting central nervous system...				....	....	....	166
Cataract	....	....	....	....	....	....	4
Acute otitis media	....	....	....	....	....	....	4
Arteriosclerotic and degenerative heart disease	....	....	....	....	....	....	122
Other diseases of circulatory system	....	....	....	....	....	....	450
Tonsillitis and Quinsy	....	....	....	....	....	....	6
Pneumonia	....	....	....	....	....	....	26
Bronchitis	....	....	....	....	....	....	124
Asthma	....	....	....	....	....	....	35
All other respiratory diseases	....	....	....	....	....	....	10
Tracheotomy	....	....	....	....	....	....	1
Thyrocoplasty	....	....	....	....	....	....	2
Appendicitis	....	....	....	....	....	....	38
Hernia of Abdominal Cavity	....	....	....	....	....	....	20
Laparotomy	....	....	....	....	....	....	2
Gastrectomy	....	....	....	....	....	....	7
Cholecystectomy	....	....	....	....	....	....	9
Disease of gall bladder and biliary ducts	....	....	....	....	....	....	6
Other diseases of digestive system	....	....	....	....	....	....	3
Diseases of genital organs	....	....	....	....	....	....	10
Diseases of urinary system	....	....	....	....	....	....	6
Prostatectomy	....	....	....	....	....	....	18
Circumcision	....	....	....	....	....	....	1
Nephrectomy	....	....	....	....	....	....	11

Table II—Aged 65 Years or Over

				1967			1968		
				Male	Female	Total	Male	Female	Total
Tuberculosis, respiratory	....	....	....	—	1	1	3	—	3
Tuberculosis, other forms	....	....	....	—	—	—	—	1	1
Malignant Neoplasms	....	....	....	34	39	73	27	46	73
Benign and unspecified neoplasms	....	....	....	3	6	9	3	9	12
Diabetes Mellitus	....	....	....	1	15	16	3	12	15
Vascular lesions affecting C.N.S.	....	....	....	38	62	100	51	44	95
Arteriosclerotic and degenerative heart disease	....	....	....	42	54	96	40	47	87
Other diseases of circulatory system	....	....	....	47	196	243	55	202	257
Diseases of Digestive system	....	....	....	1	8	9	1	5	6
Diseases of Urinary system	....	....	....	—	—	—	1	—	1
Pneumonia	....	....	....	3	7	10	9	8	17
Bronchitis	....	....	....	9	8	17	25	42	67
Other diseases of respiratory system	....	....	....	1	—	1	—	—	—
Asthma	....	....	....	2	2	4	6	4	10
Rheumatism	....	....	....	—	1	1	—	—	—
Arthritis	....	....	....	4	28	32	1	26	27
Varicose Ulcers	....	....	....	2	22	24	1	6	7
General rashes on body	....	....	....	—	1	1	2	5	7
Abscesses, Boils, Carbuncles	....	....	....	2	2	4	3	9	12
Bedsores, Shingles, Septic areas	....	....	....	7	32	39	1	—	1
Senility, General and Nervous Debility, Neurasthenia	....	....	....	40	87	127	62	73	135
Injuries due to falls	....	....	....	1	4	5	7	5	12
Injuries due to car accidents	....	....	....	—	—	—	—	1	1
Fractures	....	....	....	1	11	12	1	6	7
Burns	....	....	....	1	1	2	1	1	2
Scalds	....	....	....	2	—	2	—	2	2
Prostatectomy	....	....	....	7	—	7	18	—	18
Gastrectomy	....	....	....	—	1	1	2	—	2
Hysterectomy	....	....	....	—	2	2	—	3	3
Cholecystectomy	....	....	....	6	7	13	3	4	7
Procedentia and diseases of the Uterus	....	....	....	—	39	39	—	35	35
Preparation for X-ray	....	....	....	—	6	6	1	—	1
Constipation	....	....	....	13	25	38	9	24	33
Cataract	....	....	....	—	2	2	1	3	4
Herniotomy	....	....	....	2	1	3	1	7	8
Laparotomy	....	....	....	5	3	8	1	1	2
Amputation	....	....	....	1	1	2	4	5	9
Shingles	....	....	....	4	6	10	—	3	3
Osteotomy — Arthrodesis	....	....	....	—	4	4	1	3	4
Miscellaneous post-operative conditions	....	....	....	—	—	—	—	2	2
Circumcision	....	....	....	—	—	—	1	—	1
Tracheotomy	....	....	....	—	—	—	—	1	1
Thoracoplasty	....	....	....	—	—	—	1	1	2

Table III (a)—Children under 5 years

Abscesses	....	....	....	....	....	....	....	....	2
Anaemia	....	....	....	....	....	....	....	....	2
Bilateral Talipes	....	....	....	....	....	....	....	....	1
Burns and Scalds	....	....	....	....	....	....	....	....	2
Constipation and Colic	....	....	....	....	....	....	....	....	1
Dermatitis and Impetigo	....	....	....	....	....	....	....	....	3
Herniotomy and Measles	....	....	....	....	....	....	....	....	1
Palsy of Arm	....	....	....	....	....	....	....	....	1
Pyloric Stenosis	....	....	....	....	....	....	....	....	1
Spina Bifida	....	....	....	....	....	....	....	....	1
Thrush	....	....	....	....	....	....	....	....	1
Tonsillitis	....	....	....	....	....	....	....	....	1

Table III (b)—School children

Asthma	....	....	....	....	....	....	....	....	2
Abscesses	....	....	....	....	....	....	....	....	3
Appendicitis	....	....	....	....	....	....	....	....	4
Burns	....	....	....	....	....	....	....	....	1
Bronchitis	....	....	....	....	....	....	....	....	1
Constipation	....	....	....	....	....	....	....	....	2
Diabetes	....	....	....	....	....	....	....	....	2
Pregnancy	....	....	....	....	....	....	....	....	1
Stomatitis	....	....	....	....	....	....	....	....	2
Tonsillitis	....	....	....	....	....	....	....	....	1

Table IV—Injection Therapy

Asthma	Adrenalin, Silbephyeline Acthar, Depomedrone	900
Anaemia	Anahaemin, Imferon, Examin, Hepastab	14,855
Neuritis	Riboflavin, Campolon, Forte, Cytamin,	
Rheumatism	Neo-hepatex, Actha, Miocrysin	
Bronchitis, Chest Infection	} Penicillin	1,556
Pneumonia, Catarrh		
Diabetes	Insulin	5,470
Cardiac	Mersalyl, Mercardon, Thiomerin	2,339
Tuberculosis	Streptomycin and Dimycin	597
Narcotics and } Sedatives	Morphia, Pethidine, Largactol, Omnipon Scopolamine, Navocoine and other sedatives	1,452
Vaccines	....	12
Others—Vasolastine, Primolutdepo, Deca Durabolin, Ergotamine Pituitrin	....	1,624
Nervous Debility } General Debility	Parentrovite and Benerva	650
		<hr/> 29,455 <hr/>

VACCINATION AND IMMUNISATION

Wherever practicable the Schedule set out below is now followed in the Department for the protection of children against infectious diseases.

Age	Visit	Vaccine	Injection	Oral	Interval
1-6 months	1	Diphtheria, pertussis, tetanus Poliomyelitis	1	1	4-6 weeks
	2	Diphtheria, pertussis, tetanus Poliomyelitis	2	2	4-6 weeks
	3	Diphtheria, pertussis, tetanus Poliomyelitis	3	3	
7-8 months		Smallpox			
12 months		Measles	4		
18-21 months		Diphtheria, pertussis, tetanus booster	5		
		Diphtheria, tetanus booster	6		
4½ years		Poliomyelitis booster		4	
8-12 years		Diphtheria, tetanus booster	7		
Over 12 years		B.C.G.			

In 1967 an appointments system was introduced and this has applied to all children born after 1st June in that year. The result has become apparent in a greatly increased acceptance rate in 1968, particularly for smallpox vaccination, and in Wigan's very favourable comparison to the national averages.

Under this system, parental consent is obtained by the Health Visitor when making her primary visit after birth. Appointments are then sent at appropriate intervals to those wishing to attend at a clinic and also, by arrangement with general practitioners, to those who elect to attend their family doctor for this purpose.

The additional cost and administrative burden have been more than justified by the improvement but yet more can be done and the efforts of general practitioners, medical and nursing staff will continue to be required in emphasising the dangers of these diseases and persuading reluctant parents.

Smallpox Vaccination

The table below gives details of vaccinations of children carried out during 1968. There were 824 primary vaccinations of children under two years of age, compared to 438 in 1967.

	Under 1 year	1 year	2-4 yrs. inclusive	5-15 yrs. inclusive	TOTAL
Primary	695	129	131	18	973
Re-vaccination	—	—	3	5	8
TOTALS	695	129	134	23	981

Details of other vaccination and immunisation carried out during 1968 are given below.

	M. & C.W. and Special Clinics	School and School Clinic	Private Doctors	Total
POLIOMYELITIS—ORAL VACCINE				
Children under 16 years of age:				
Completed Primary Courses	1394	463	223	2080
Reinforcing doses	124	513	28	665
Persons aged 16 years and over:				
Completed Primary Courses	8	—	—	8
Reinforcing doses	—	—	—	—
DIPHTHERIA				
Completed Primary Courses	1339	287	219	1845
Re-inoculations	855	1265	60	2180
WHOOPING COUGH				
Completed Primary Courses	1300	—	208	1508
Re-inoculations	716	—	49	765
TETANUS				
Completed Primary Courses	1339	287	233	1859
Re-inoculations	855	601	81	1537
MEASLES				
Number vaccinated	755	243	119	1117

Measles vaccine became available in May, 1968, and vaccination was first offered to children under seven years of age. The campaign was interrupted by an outbreak of the disease in the summer and was re-commenced in September.

B.C.G. Vaccination

Although B.C.G. vaccination is offered generally to the 13 year age group regulations permit whole classes to be dealt with. This greatly facilitates the administrative work but as a result a small percentage of the children were aged 12 or 14 years. This year's acceptance rate of 86% was higher than that for the previous year.

Routine protection of 13-year old school children:—

No. in 13 year age group	....	....	....	....	....	1,070
No. for whom consent was obtained	....	....	....	....	....	925
Percentage of acceptances	....	....	....	....	....	86%
No. of Mantoux-Negative	....	....	....	....	....	828
No. of Mantoux-Positive	....	....	....	....	....	67
Percentage Positive	....	....	....	....	....	7.5%
No. Vaccinated	....	....	....	....	....	828
No. who had Chest X-ray	....	....	....	....	....	60
No. where X-ray showed active tuberculosis....	....	....	....	....	....	—
No. where X-ray showed lung abnormality requiring further observation	....	....	....	....	....	—

The figure for the positive Mantoux tests gives an indication of the extent to which children are being brought into contact with the tuberculosis bacillus. Our percentage, 7.5 compares favourably with that in other urban industrial areas.

The Chest Physician has supplied the following information regarding B.C.G. vaccination of Tuberculosis Contacts during 1968:—

Children under 15 years of age:—

No. of Contacts skin patch tested	Positive	Negative	B.C.G. Vaccinated
153	25	128	125

There were no cases of negative skin reaction among the 108 children patch tested after B.C.G.

The figures do not include work carried out amongst hospital staff.

AMBULANCE SERVICE

The service operates from the Ambulance Station, Pottery Road, and is constantly on call. Radio telephone equipment is used at the central control and ten ambulance vehicles are fitted with mobile transmitter receivers.

There was an increase in the number of patients carried, from 57,519 in 1967 to 63,218 in 1968, and in the vehicle mileage, which rose from 148,390 to 157,722. Although hospital outpatients and day care patients at the Billinge Hospital psychiatric unit continue to make heavy and increasing demands on the service, the increases in 1968 were mainly in respect of non-section 27 work, particularly the transport of mentally and physically handicapped children.

The following table shows the trends in the service since the termination of the agency agreement by the Lancashire County Council.

Year	Total patients carried	Total mileage	Average No. of patients per mile	Average mileage per patient
1956	33,420	120,283	0.27	3.6
1957	35,622	119,972	0.28	3.4
1958	37,246	114,725	0.33	3.0
1959	40,058	115,346	0.35	2.9
1960	44,181	127,081	0.35	2.8
1961	49,354	130,182	0.38	2.6
1962	51,446	128,351	0.40	2.5
1963	55,415	135,443	0.41	2.4
1964	55,558	140,247	0.39	2.5
1965	55,791	142,635	0.39	2.6
1966	56,316	150,238	0.38	2.7
1967	57,519	148,390	0.38	2.6
1968	63,218	157,722	0.40	2.5

Personnel

The staff establishment at 31st December, 1968 was:

- 1 Superintendent.
- 4 Control Assistants.
- 1 Clerk/Day Control Assistant.
- 1 Leading Driver.
- 28 Driver/Attendants.
- 1 Handyman.

Vehicles

Two new vehicles came into service during the year, reducing the average age of the fleet to less than $3\frac{1}{2}$ years. An ambulance registered in 1959 was replaced by a smaller vehicle and an additional large sitting case vehicle with a chair lift, shown in the photographs, was obtained to facilitate the transport of handicapped people.

A former Civil Defence vehicle was maintained fully equipped for immediate use in the case of a major disaster and this vehicle is to be converted for more general use in 1969.

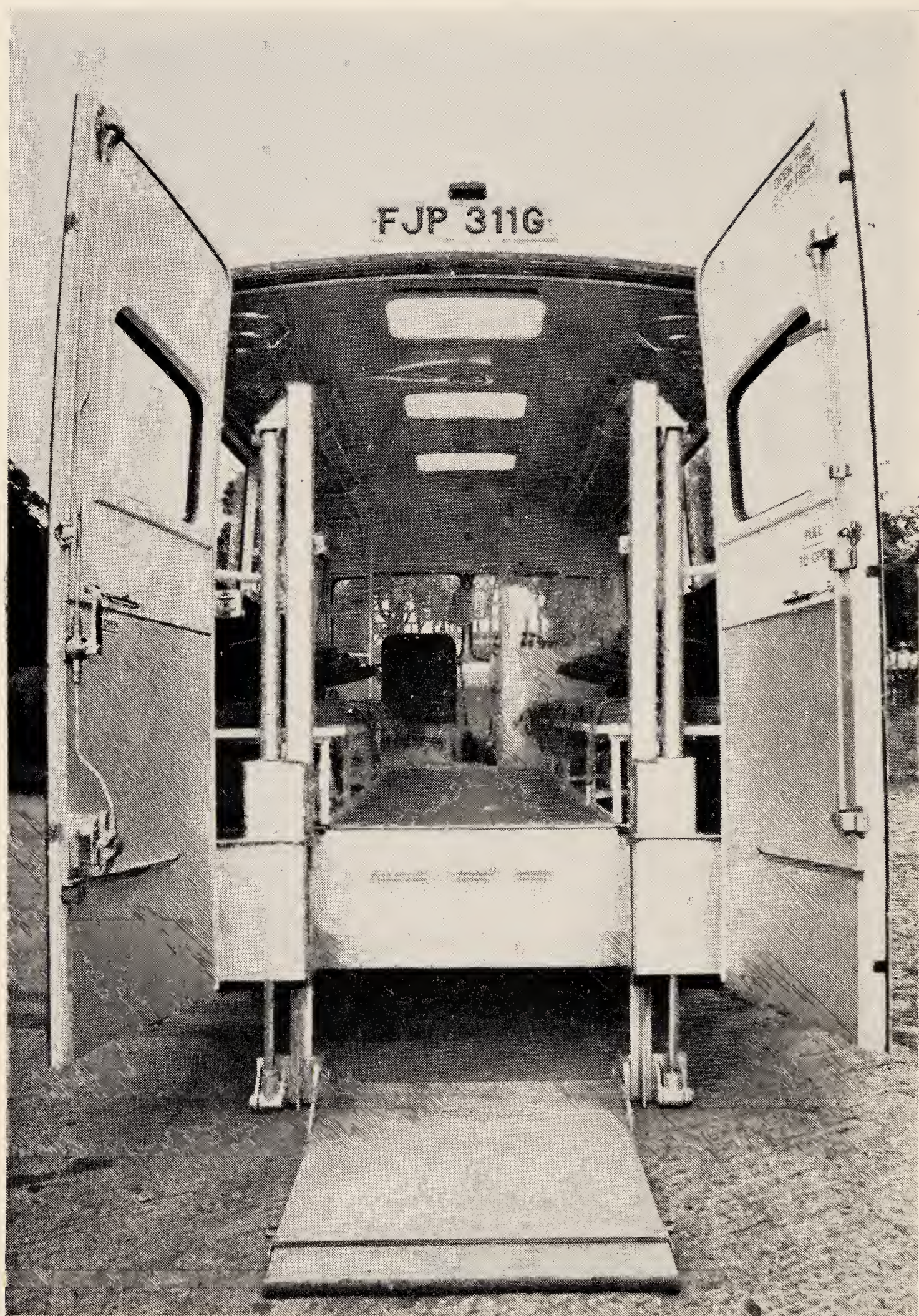
Maintenance of Vehicles

All maintenance and repairs necessary to keep the fleet fully serviceable have been carried out satisfactorily.

AGE OF VEHICLES IN YEARS (as at 31st December, 1968)

Under 1 year	1-2 years	2-3 years	3-4 years	4-5 years	5-6 years	6-7 years	7-8 years	8-9 years	9-10 years	10 years or more
2	2	2	1	2	1	1	1	—	—	—





TOTAL MILEAGE RUN BY EACH VEHICLE

Vehicle No.	Registered No.	Year of purchase	Make	Type	Mileage		Total mileage
					1967	1968	
4	EJP 800	1959	Bedford	Ambulance	13681	10060	130167
9	HEK 999	1961	Bedford	Sitting Case	14751	13725	103303
7	HJP 804	1962	Bedford	Sitting Case	12330	13168	75498
8	JJP 711	1963	Bedford	Ambulance	16274	11736	90377
10	KJP 984	1964	Bedford	Dual Pur.	16768	14300	81213
2	KJP 966	1964	Bedford	Ambulance	14852	14496	70097
1	AJP 298C	1965	Bedford	Dual Pur.	12286	15493	52700
3	CEK 650D	1966	Bedford	Ambulance	13933	13564	33728
Car	CJP 49D	1966	Morris 1800	Car	16698	15491	41597
6	DJP 206E	1967	Bedford	Ambulance	9214	16991	26205
5	EJP 105F	1967	Bedford	Dual Pur.	437	14187	14624
11	FJP 311G	1968	Bedford	Dual Pur.	—	3478	3478
4	GEK 404G	1968	Bedford	Ambulance	—	875	875

Petrol and Oil Consumption

Vehicle	Make	Reg. No.	Mileage	CONSUMPTION		AVERAGE	
				Petrol Galls.	Oil Pints	M.P.G.	M.P.P.
1	Bedford	AJP 298C	15493	1535.7	24	10.1	645.5
2	Bedford	KJP 966	14496	1401.5	49	10.3	295.8
3	Bedford	CEK 650D	13564	1221.6	66	11.1	205.5
4	Bedford	EJP 800	10060	849.8	30	11.8	335.3
4	Bedford	GEK 404G	875	63.0	2	14.0	437.5
5	Bedford	EJP 105F	14187	842.8	23	16.8	616.8
6	Bedford	DJP 206E	16991	1357.5	61	12.5	278.5
7	Bedford	HJP 804	13168	1273.5	83	10.3	158.7
8	Bedford	JJP 711	11736	927.4	48	12.7	244.5
9	Bedford	HEK 999	13725	1332.0	26	10.3	527.9
10	Bedford	KJP 984	14300	849.5	89	16.8	160.7
11	Bedford	FJP 311G	3478	393.5	12	8.8	289.8
Car	Morris	CJP 49D	15491	692.4	28	22.4	553.2
	TOTALS		157564	12740.2	541	12.4	291.2

Summary of Work Undertaken During the Year 1968

CLASSIFICATION	MILES	PATIENTS
SECTION 27 PATIENTS:		
Street Accidents (including all road users)	1,043	267
Other Street Accidents	493	116
Work Accidents	310	78
Home Accidents	1,501	293
Recreation Accidents	601	142
Unclassified Injuries	660	167
Street Illnesses	588	162
Home Illnesses	1,273	262
Works Illnesses	334	77
Other Illnesses	212	58
Maternity	6,977	667
Mentally Ill Patients	803	76
Infectious	88	15
Deceased	312	58
Admissions, Discharges, Transfers and Clinic Cases ...	91,234	23,802
Service and Fruitless	2,782	—
Psychiatric Unit, Billinge	13,192	8,748
SECTION 27 PATIENTS—RECOVERABLE:		
Other Authorities	2,383	174
Fruitless Journeys (chargeable)	48	—
OTHER RE-CHARGEABLE WORK:		
Welfare Services	2,812	1,931
Mentally Sub-normal Children	14,115	12,099
„ „ „ Adults	6,883	6,771
Midwives	250	—
Mental Health: Welfare Officer Transport	140	—
Day Care Unit	6,585	5,878
Physically Handicapped Children	2,103	1,377
TOTALS	157,722	63,218

PREVENTION OF ILLNESS, CARE AND AFTER-CARE

Health Education

Health Publicity is not as straightforward as commercial propaganda, and the results are even less predictable whether it is carried out locally or nationally. The local authority's effort should, where possible, be timed to coincide with national campaigns, such as those of the Royal Society for the Prevention of Accidents. This year the Health Education Council Ltd. was brought into being but it is too early to judge if it will be more effective than its predecessor the Central Council for Health Education.

The Chief Medical Officer of the Department of Health and Social Security has suggested that attention should be given to cigarette smokers who are unable or unwilling to give up the habit, in order to persuade them to take up less harmful forms of smoking, such as cigars or pipes. The story was echoed by the national press and television, and local publicity resulted in a radio interview with the Health Education Officer. A new British Cartoon Film, "Dying for a Smoke" was shown to many primary and secondary schools and short talks were given after the film.

The canals and riverlets of Wigan are not unique but they do necessitate greater care in the protection of young children living in their vicinity to prevent drowning accidents. It is obviously desirable for every mother in these areas to be able to swim and apply mouth to mouth resuscitation. Posters on this theme were distributed to clinics and schools.

During Civic Week demonstrations of resuscitation were again given at the Ambulance Station and were well attended. An educational Home Safety Exhibition was displayed at Pemberton Health Centre and parties of school children visited the dental unit there. At the Summer Show a mobile dental exhibition from the General Dental Council attracted large crowds, and samples of fluoridated toothpaste and pieces of apple were given away.

The Medical Officer of Health, two Public Health Inspectors, the Lay Administrative Officer, the Senior Mental Welfare Officer and the Health Education Officer gave talks as part of Wigan Grammar School's "Practical Living" Course. In the autumn, Sex education was the subject of two successful evenings held for parents and children at Highfield, and a similar series is planned for 1969. A film strip on this subject was also shown to Catholic parents at St. John's Hall.

Copies of posters and leaflets entitled, "Look after your Sight," produced to combat ignorance of the Supplementary Ophthalmic Services, were displayed and distributed. Local Pharmacists co-operated in a "Safety of Drugs fortnight," after which the waste drugs and medicines were collected and incinerated. There is no doubt that many people regularly dispose of their old preparations but, there are still many who hoard them as a result of which they may deteriorate or fall into the wrong hands. The local press helped with an excellent colour feature on the campaign.

The everyday hazards for old people in their homes were stressed in a series of talks to Home Helps and members of Old Peoples Clubs. Old people are glad to be reminded of these dangers, though it is still a financial struggle for them to heat more than one room in winter to avoid hypothermia. Press adverts were placed, one in colour, to support the National Fireguard Campaign Committee.

A campaign to attract blood donors, notable for its number of banners, placards and volunteers, was staged by the Blood Transfusion Service and the department helped to distribute leaflets.

Regular participation by the staff in Health Education again took place. The Medical Officer of Health addressed groups of Student Nurses and Midwives, the Public Health Inspectors assisted with the Food Hygiene Courses at the Technical College, and the Health Visitors ran mothercraft classes in schools. Several in-service training sessions were held using recorded talks illustrated by slides.

Cervical Cyto-diagnosis

Clinics were held at Pemberton Health Centre at lunchtime on Thursdays and on Friday evenings. The total number of first cervical smears taken in 1968, other than by general practitioners or at hospitals, was 1,548, 371 more than in 1967. Of these, 1,221 women were seen at the regular clinics, where 162 repeat tests were also made; 295 older women had smears taken at Family Planning Clinics, and 32 were tested at Post-Natal Clinics, where eight repeats were made.

Publicity for cervical cyto-diagnosis has been undertaken in many ways, including the distribution of leaflets, articles in parish magazines, postal canvassing and, with the aid of funds made available by an appeal committee of the Wigan Round Table, door to door visiting. Corporation departments employing large numbers of women were made aware of the service and in one instance a pay-day exhibition was staged with the aid of the Manchester Regional Committee on Cancer.

A steady stream of enquiries has resulted from these efforts and only one press advertisement was necessary, although feature articles have also appeared. The success of this publicity was clearly demonstrated by the steady flow of slides sent for examination throughout the latter half of the year, when other authorities in the areas were experiencing a decline in the demand for this service.

Convalescence

During the year 1968 no arrangements were made for short-term care under section 28 of the National Health Service Act, 1946.

Venereal Disease

The treatment of Venereal Diseases is the responsibility of the Hospital service, and in Wigan the Clinic is under the direction of Dr. Philip S. Silver, M.R.C.S., L.R.C.P.

The number of new patients in Wigan was 63. Attendances at the Wigan Clinic fell from 890 (659 male, 231 female) in 1967 to 812 (584 male, 228 female) in 1968.

NO. OF WIGAN CASES DEALT WITH FOR THE FIRST TIME AT THE V.D.
TREATMENT CENTRES

	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Syphilis	3	5	3	10	2	2	1	3	5	2
Gonorrhoea	8	12	21	17	15	8	14	9	10	17
Other										
Conditions	32	54	49	59	56	44	48	40	48	44
	—	—	—	—	—	—	—	—	—	—
TOTAL	43	71	73	86	73	54	63	52	63	63
	—	—	—	—	—	—	—	—	—	—

The Health Committee have continued their arrangements whereby the Male Senior S.E.N. in the skin dept. of the Royal Albert Edward Infirmary undertakes the duties of Almoner.

Efforts are made to persuade persons who are a source of infection to attend for treatment at the Centre. Contact is made with patients who fail to attend for treatment with a view to stressing the importance of continued attendance at the Clinic. The work done by the Almoner has been found to produce satisfactory results.

The following is an extract from the Almoner's report for the year 1968:—

“As a result of information obtained from the patients, the following Contacts have been persuaded to attend:—

								Males	Females
Syphilis	....	....	....	....	....	....	....	—	—
Gonorrhoea	....	....	....	....	....	....	....	1	5
Non-Venereal	....	....	....	....	....	....	....	2	2

Of the contacts one of the males was a contact of Latent Syphilis, one of Gonorrhoea and one of a non-venereal case. All seven females were contacts of Gonorrhoea.

In an attempt to persuade patients to keep up their attendances for treatment and blood tests, etc., letters were sent to 28 persons failing to attend, 22 of whom subsequently reported for treatment.

There was no need for any personal visits this year because of a decrease in a number of Syphilis patients who require long term treatment. There was only one child of a Wigan woman who attended for treatment of Syphilis. This child was examined, blood tested and diagnosed as free from venereal disease. 13 unmarried expectant mothers attended for blood test and examination. Some needed a little treatment. Two babies for adoption were also examined and found free from venereal disease.

Tuberculosis

Statistical information regarding the prevalence of and mortality from tuberculosis will be found in that section of the Report dealing with infectious diseases.

The Tuberculosis Visitor is a full-time member of the Local Authority Health Visiting Staff, her work being divided between attendance with the Chest Physician at the Dispensary and visiting patients in their homes.

During the year, 2,156 home visits were paid by the tuberculosis health visitor.

The number of new contacts examined during the past three years was as follows:—

1966			1967			1968		
Adults	Children	Total	Adults	Children	Total	Adults	Children	Total
102	131	233	56	124	180	71	160	231

Contacts of positive cases under supervision, 31st December, 1968 183

Contacts under supervision after B.C.G. vaccination 421

The average number of contacts per case of pulmonary T.B. is as follows:—

		1966	1967	1968
Tuberculosis Notification:	Pulmonary	.... 22	15	25
	Other forms	.... 5	2	2
No. of contacts per case (pulmonary only)		.... 10.6	12	9

The responsibility of the Council for providing care and after-care services at present is being discharged through a voluntary Care Committee. The aims of this Committee may be stated as follows:—

1. To provide extra nourishments, nursing utensils, wheelchairs, etc.
2. To help in providing extra clothing needed by the patients, especially when they go into sanatoria and on their return home.
3. To visit and give friendly advice.
4. To assist in educating public opinion in matters of health in regard to Tuberculosis.
5. To give assistance in providing tools in cases where tuberculous persons entering into employment are not so assisted by the Ministry of Labour.

The Chest Physician acts as Honorary Medical Officer to this Committee.

Rehabilitation

Very few known sputum positive cases are actually employed in permanent positions, and constant supervision by the Tuberculosis Health Visitor ensures that these few do not become a danger to other susceptible groups.

Persons who are fit for light work are referred to the Disablement Re-settlement Officer with suitable recommendations.

Other Illnesses

Close liaison between the health visitor and the social welfare officers engaged on work amongst the physically handicapped under the Council's scheme ensures that advice and help are readily available to those in need once their condition becomes known to the department.

Meals on Wheels Service

A Scheme (within the Council's proposals under Section 28 of the National Health Service Act, 1946) for the delivery of a mid-day meal to individuals unable, because of illness or physical disability to provide their own, has been in operation since May, 1951.

The meals are prepared at the Welfare Home, Frog Lane.

The food is served in individual covered containers. The charge per meal is 1s. 5d. but in necessitous cases it is reduced to 1s. 1d.

A total of 23,413 meals, compared with 21,450 in 1967, was provided during the year. Except for public holidays meals are delivered on Mondays to Fridays each week. A maximum of three meals per week is provided in each case and the service is greatly appreciated.

One of the biggest problems of a Meals on Wheels Service is to ensure that meals are served hot and there is no doubt that the introduction of "Hot Lock" containers which are heated by charcoal briquettes has resulted in an improved standard of service.

Members of the W.R.V.S. assist in the delivery of the meals and I am extremely grateful to them for the assistance which they give in helping us to provide this service in the Borough.

Nursing Equipment

Items of nursing equipment were available on loan from the Department free of charge. The service was used extensively and 357 items were loaned during the year. Details are given below:—

Air rings	44	Enuresis alarms	4
Back rests	43	Rubber sheets	78
Beds	5	Tripod crutches	3
Bed cradles	7	Urinals	29
Bed pans	73	Walking Aids	4
Commodes	21	Wheelchairs	32
Crutches	10	Zimmer lifts	4

In addition draw sheets were supplied to bedfast incontinent patients as the table below indicates:—

No. of cases on 1st January, 1968	6
No. of new cases during the year	9
No. of cases ceased	9
No. of cases on 31st December, 1968	6

Incontinence Pads (see also page 43)

Supplies of pads under Section 28 are available from the Department and can be purchased for patients at a special price. No difficulties have been experienced in the disposal of soiled pads as it has usually been possible to burn them at patient's homes. If this proved impracticable for any reason an alternative method of disposal has been arranged with the help and co-operation of the Director of Cleansing.

Disposable nappies were supplied to Spina Bifida children attending Mere Oaks School and absorbent linings for incontinence garments were provided for patients in the Day Care Unit.

Chiropody Service

A full-time chiropodist was employed at the Nurses' Home, 9 New Market Street, Wigan and a second chiropodist was employed on a sessional basis at the Central, Pemberton and Marsh Green Clinics. The service was provided for the elderly, the physically handicapped, and expectant mothers and a limited number of housebound patients were treated in their own homes. A charge of 2s. 6d. per treatment was made for the service but this was waived for persons receiving Ministry of Social Security Supplementary Benefit.

The demand for this service grew during the year and in December a third Chiropodist was appointed to work two sessions a week at the Central Clinic.

During the year, 910 patients made a total of 4,136 attendances for treatment at the Nurses' Home and Clinics. In addition the chiropodist gave 249 domiciliary treatments.

Fluoridation

Fluoridation of the water supply — already agreed in principle by the Borough Council — awaits for its implementation either a strong ministerial directive or a better understanding among small neighbouring authorities whose decisions, or lack of them, are holding up this valuable preventive measure.

HOME HELP SERVICE

Only a small increase was recorded in the number of persons in receipt of home help during 1968 compared with the previous year, although the average number of Helps employed, a whole time equivalent of 65, had increased by two. The number of maternity cases showed a substantial reduction, while the number of aged persons receiving help increased.

Help was supplied to a total of 1,158 cases, made up as follows:—

Maternity	....	....	....	....	....	....	....	19
Mentally handicapped	....	....	....	....	....	....	....	4
Chronic sick and tuberculous (under 65)	....	....	....	....	....	....	....	67
Aged	....	....	....	....	....	....	....	1,043
Others	....	....	....	....	....	....	....	25

Requests for the service are still often made in cases which cannot be justified on medical grounds and of 352 applications received only 285 were found to be eligible. The Home Help Organiser and Assistants made 2,292 follow-up visits to confirm that the service was still necessary, to verify the patients' financial circumstances and to ensure that the Home Helps were carrying out their duties efficiently in accordance with their instructions.

Charges for Service

The standard charge operating at the end of the year was 5/11 per hour but as in previous years very few were called upon to pay the full cost.

MENTAL HEALTH SERVICES

In spite of staff changes during the year, the service was fully staffed according to the establishment. The increasing amount of preventive work and the number of problems of greater complexity, not least of which is that of the aged mentally ill, have, however, meant that community care as envisaged by the 1959 Act still falls short of the ideal. As in most other spheres of social work, case loads of individual mental welfare officers remain too high.

Administration

The establishment provides for one Senior Mental Welfare Officer, three Mental Welfare Officers and a Mental Welfare Assistant. The Mental Welfare Assistant commenced training in September on the two years course leading to the Certificate in Social Work.

Four doctors are approved by this Authority under Section 28 (2) of the Mental Health Act, 1959, for the purpose of making recommendations in respect of mentally disordered patients. These are the Medical Officer of Health, Dr. R. McLean Bain, Dr. H. Coates, and Dr. E. H. Calverley.

Subnormality

At the end of the year 141 patients were under Community Care with regular visits from Mental Welfare Officers dealing with many and varied problems and in many cases offering support to the parents. This is particularly marked in the cases of new referrals of very young children.

It is once again pleasing to note that at the end of the year there was no waiting list for subnormals requiring permanent care and that temporary care had been provided for all cases where requested.

Two subnormal patients were discharged from hospital during the year.

The hostel for male subnormals continues to serve a most useful purpose and in addition to the facilities it provides for its regular residents it has enabled the Department to meet certain emergencies and unexpected contingencies.

Brockhall Hospital has been of great help to the Department, liaison with their staff has been closely maintained both for patients requiring admission and for consultative purposes.

Co-operation and help from Dr. R. M. Forrester, Consultant Paediatrician, have also been available to the Mental Welfare Officers. A new development during the year was the establishment of a joint clinic with Dr. Forrester concerned with the diagnosis and problems of pre-school subnormal children. This is held bi-monthly at the Infirmary with the Senior Mental Welfare Officer in attendance.

Mental Illness

Mental Welfare Officers remained on call for 24 hours a day to meet any emergency. After care of all patients discharged from hospital and preventive work with patients referred by general practitioners, out-patient clinics and other agencies provide a major part of their work.

Intensive visiting of patients with a known high relapse rate takes place and is a means of preventing re-admission in many cases. Close liaison and co-operation with the Consultant Psychiatrists, Dr. Coates and Dr. Lowe, and the staff at Billinge Hospital has continued with regular discussion of patients problems often leading to useful joint action. Mental Welfare Officers are encouraged to visit the hospital wards regularly and keep in touch with patients throughout their stay in hospital.

Concern is still felt at the increasing number of psychopaths and petty criminals either being referred or referring themselves to the Department. Facilities for dealing with these cases are limited and much valuable time is taken up with little result. It is, however, a cause for satisfaction that no large problem of drug addiction has yet manifested itself in the Borough.

The co-operation of other social agencies, particularly Welfare Services, Health Visitors, Children's Dept., the Family Case Worker, the Educational Psychologist, the Housing Dept. and the Social Security Officers has been of great value. Much sympathetic help has also been received from the Borough Police.

Of particular help has been the W.R.V.S. and a number of private firms and individuals were extremely generous both in connection with the Christmas Fair at the Adult Training Centre and a Christmas Party which the staff organised for aged patients.

Account of Work Undertaken in the Community

MENTAL ILLNESS:

Patients notified as mentally ill	....	....	....	....	....	....	349
Dealt with as follows:							
Section 25, Mental Health Act, 1959	....	....	....	....	....	....	63
Section 26, Mental Health Act, 1959	....	....	....	....	....	....	—
Section 29, Mental Health Act, 1959	....	....	....	....	....	....	8
Section 60, Mental Health Act, 1959	....	....	....	....	....	....	4
Detained during H.M. pleasure	....	....	....	....	....	....	—
Informal admissions, Mental Health Act, 1959	....	....	....	....	....	....	187
Care and supervision in the Community	....	....	....	....	....	....	82
No action	....	....	....	....	....	....	5
Total number of visits to patients requiring care and supervision	....	....	....	....	....	....	410
Total number of visits to patients requiring after-care	....	....	....	....	....	....	1,135

MENTAL SUBNORMALITY:

Number of patients under Community Care at 31-12-68	....	....	....	....	....	....	141
Number of patients at Adult Training Centre	....	....	....	....	....	....	61
Number of patients at Junior Training Centre	....	....	....	....	....	....	24
Number of patients at Special Care Unit	....	....	....	....	....	....	17
Number of admissions to hospital during the year:							
Temporary care	....	....	....	....	....	....	10
Informal admissions	....	....	....	....	....	....	4
Section 25, Mental Health Act, 1959	....	....	....	....	....	....	3
Section 26, Mental Health Act, 1959	....	....	....	....	....	....	1
Section 29, Mental Health Act, 1959	....	....	....	....	....	....	—
Section 60, Mental Health Act, 1959	....	....	....	....	....	....	3
Number of patients discharged from hospital during the year	....	....	....	....	....	....	2
Number of patients awaiting admissions to hospital at 31-12-68	....	....	....	....	....	....	—

COMMUNITY CARE AND OTHER WORK OF MENTAL WELFARE OFFICERS:

Total number of domiciliary visits during the year	....	....	....	4,608
Total number of visits to Junior Training Centre	....	....	....	106
Total number of visits to Adult Training Centre	....	....	....	271
Total number of visits to Special Care Unit	....	....	....	89
Total number of visits to Day Care Unit	....	....	....	121
Total number of visits to Hostel	....	....	....	71
Attendances at Billinge Hospital Case Conferences	....	....	....	191
Visits to patients in hospital	....	....	....	262
Visits relating to the welfare of patients in hospital	....	....	....	187
Attendances at Psychiatric Clinic	....	....	....	43
Special reports for hospitals regarding sub-normal patients	....	....	....	13
Social Histories for hospitals and at Psychiatric Clinics	....	....	....	133
Patients accompanied to Psychiatric Clinics	....	....	....	229

TRAINING OF THE MENTALLY HANDICAPPED**TRAINING CENTRE, HOPE SCHOOL**

This Training Centre, which was one of the first purpose-built centres to be erected after the passing of the National Health Service Act, 1946, opened in 1954. The staff comprises a Supervisor and seven Assistant Supervisors. A full-time guide help and a part-time guide help are employed to assist with the care of the trainees both at the Centre and while travelling between the Centre and the home.

There are 35 places in the Junior Training Centre and 12 places in the Special Care Unit of the Centre. The Special Care Unit cares for children and adults who are either too young or too severely retarded to benefit from training at the junior or adult training centres.

At the end of the year there were 24 trainees attending at the centre and 17 at the special care unit. All were Wigan residents and were conveyed to and from the centre by ambulance.

All trainees are examined on entry by a medical officer who also attends the Centre periodically for routine medical inspection. In appropriate cases the re-assessment of mental ability is carried out. A school nurse visits the Centre twice weekly to attend to minor ailments. A midday meal is provided and all children under the age of 16 years receive $\frac{1}{2}$ pint of pasteurised milk each day.

The aim is to help the trainees to live full, happy lives as far as they are able, stressing self-help, occupation and communication. Individual training is needed to help to encourage concentration, memory training and observation. Within the groups sense training apparatus is available to enable them to experiment with various shapes and materials. Purposeful play is the theme in the Nursery class, learning the skills and aptitudes which most children acquire without effort but which do not come easily to retarded children. In the senior class instruction is given to the 15 year olds in the type of work likely to be undertaken at the adult training centre. Particular attention is paid to personal hygiene, use of money, learning to tell the time, social training, general knowledge and conversation.

The admission of children to the junior training centre at the age of 3 or 4 years, and at an even earlier age to the special care unit, is proving to be very successful. The regular early training is beneficial to the children, parents and teachers. The children are keen to come to school, especially those who have no brothers and sisters, and gain from sharing, and playing with other children of their own age. The first experience of social relationship is gained from playing together and, later on, by playing more formal games with various rules. Social training outside the school is also important, allowing the children to put their knowledge of the use of money into practice and to gain experience of public transport, telephones etc. These outings have greatly helped the children to overcome shyness and to acquire the self assurance to communicate with and establish good relationships with people outside the school.

There has been a certain, if limited, standard attained in the learning of the 3 R's, enough in some cases to enable the children to find their way about in the world of the literate.

In the Special Care Unit, where each child is at least doubly handicapped, progress is most marked and, according to their abilities, the children have learned skills which at first seemed impossible for them to attain. Three children were transferred to the Junior Centre during the year and their progress has proved the value of early admission to the Unit.

The staff have continued to help with the training of students from the Harris College, Preston, who are on courses for teachers of the mentally handicapped. Two students did teaching practice at Hope School during the spring term. Students at Teacher Training colleges are required to gain experience of groups of children with special problems and several have attended during the year.

The children greatly enjoyed a trip to Blackpool Tower Circus and a local coach proprietor also provided a coach to take a party for a tour of Blackpool Illuminations.

The following is an extract from the attendance register:—

	Hope School	Special Care Unit
No. of children on the register at 1st January, 1968	23	17
No. of admissions during the year	5	5
No. of children ceased to attend	4	5
No. of children remaining on register at 31st December, 1968	24	17
Average daily attendance during the year	20	13

FABREX SENIOR TRAINING CENTRE

The trainees at Fabrex are engaged on a wide variety of work, which is provided by firms in Skelmersdale and Atherton in addition to several from Wigan and district. They work in conditions designed to simulate open employment and attend from 9 a.m. to 4-30 p.m. on weekdays with only three weeks holiday each year in addition to public holidays. Wage packets are used in making small payments to the trainees and during the year an incentive bonus scheme was introduced whereby additional payments can be earned by exceeding a target output.

Social training forms an integral part of the educational programme and occupational therapy, physical training and organised games are encouraged. Social evenings were held on Tuesdays from 7 to 9.30 p.m. and up to 25 trainees attended under the supervision of the staff, who willingly gave up their leisure time to encourage social activities. Trainees of both sexes attended swimming lessons at the Municipal Baths and the co-operation of the Baths Superintendent and his staff is greatly appreciated.

A trainee took charge of a shop in the centre, which was open twice daily for the sale of sweets and mineral waters, and there is no doubt that this helped in teaching the value and handling of money. Trainees living within the Borough were, if considered capable, encouraged to make their own way to the centre by public transport and the remainder were conveyed by ambulance or mini-bus.

During the year the Parent-Staff Association again organised a successful Christmas Fair and a jumble sale was also held. The Christmas Party was, as usual, a popular event.

The staff at Fabrex includes a Manager, two Senior Instructors and four Instructors. Meals for the trainees and for the children at Hope School were prepared in the Fabrex Kitchen. Several students made visits of observation during the year and the centre was again used to give five weeks practical experience to a student attending a course for Adult Centre Staff at the Harris College, Preston.

Borough and County trainees attend the Centre and details of attendances during 1968 are given below:—

	Borough	County	Total
Number of trainees on register on 1st January, 1968	55	8	63
Number of admissions during 1968 	11	2	13
Number of trainees ceasing to attend 	5	3	8
Number of trainees on register at 31st December, 1968	61	7	68
Average attendance during year 	53	7	60

SCOT HOUSE

No community care service is complete without the provision of residential accommodation. In the past it has been discouraging to see a child, who had responded well to training, admitted to hospital care because of the inadequacy of the home environment. Scot House can accommodate six young adults, all in single bedrooms.

At the beginning of the year there were six residents, two of whom later returned to live with their relatives. At the end of the year there were five residents, all of whom were employed at the senior training centre. During the year two young men received short-term care.

A resident Warden is in charge of Scot House assisted by her husband. A relief Warden attends when the Warden is off duty. The aim is to provide a real home for the residents and indications point to considerable success in this direction.

DAY CARE UNIT

This unit, now housed in purpose-built accommodation at Pemberton Health Centre, is used to capacity and provides a useful service for psycho-geriatric and certain other selected cases. Twenty aged persons attend the unit, which is open from 9-30 a.m. to 4 p.m. on weekdays and to which they are conveyed by Ambulance. They receive a mid-day meal, occupational therapy, regular medical supervision and chiropody treatment.

The unit fulfils a very real need in combatting loneliness and providing care for those living alone and in ensuring relief for relatives in other cases.

PSYCHIATRIC SOCIAL CLUB

Psychiatric Social Clubs have been in existence in a number of authorities for many years and provide one of the means whereby the local authority can co-operate with the hospital in the care and after care of patients. Consequently it was decided to establish a club in Wigan and keep under review its usefulness to the patient.

Certain members of the Health Department staff have been associated with members of the local branch of the International Voluntary Service in this experiment. This society is a group of young people who wish to serve the community by means of social endeavour.

Before starting the work it was necessary to obtain advice from professional sources and in this the National Association for Mental Health and the local hospital staff were generous with their help.

The club is held each week at the Fabrex Senior Training Centre and on average about 30 to 40 patients attend, some coming by special bus from Billinge Hospital. Many of these in-patients are residents from the county area and this has resulted in the involvement of the mental welfare officers from Health Division No. 8 in the running of the club. With the object of achieving social integration among the patients the main activities have been dancing, bingo and party games but it is hoped to introduce an increasing variety of interests as time goes on.

It is too early to evaluate the success of the club but it would seem to be of most use to the chronic patient. Other patients with a better prognosis may be more suitably catered for in a hospital setting with the voluntary workers under the direct control of the professional staff.

CO-ORDINATION OF HEALTH SERVICES

Co-ordination and Co-operation with other parts of the National Health Service

The Chairman of the Health Committee is a member of the Wigan and Leigh Hospital Management Committee. He is also Chairman of the Executive Council for the County Borough of Wigan.

The Medical Officer of Health, whilst not a member of the Hospital Management Committee, serves on the Medical Advisory Committee which is represented on the Management Committee. He is also Hon. Advisor in Epidemiology and is a member of the Control of Infection Committee at the Royal Albert Edward Infirmary. There is no representative of the local authority at officer level on the Executive Council but the Medical Officer of Health is a member of the Local Medical Committee which reviews the medical administrative aspects of general practitioner services and advises the Executive Council.

In addition to the above, the Medical Officer of Health is a member of a liaison committee whose members include Medical Officers of Health of Counties and County Boroughs in and adjoining the Manchester Regional Hospital Board area, and the Principal Regional Medical Officer of the Regional Hospital Board. The Department of Health and Social Security is also represented.

Locally a liaison committee has been established consisting of representatives of the Wigan and Leigh Hospital Services, both medical and administrative, the local authority services in the persons of the Medical Officer of Health, Wigan, and the Divisional Medical Officers of Divisions 8 and 11 of the Lancashire County Council Health Services, along with representatives, both medical and administrative, from the general practitioner services. The objects of the Committee are "To deal with any matter under the National Health Service Acts where co-operation between the various interests concerned can lead to smoother working and greater efficiency."

During the year the Committee considered the following matters:—discharge of patients from hospital; treatment of patients suffering from tetanus; telephone communications from Wigan Infirmary; general practitioner unit and amenity beds at Billinge Hospital; Post-graduate Medical Centre; and the "Green Paper".

In March, 1963, the Ministry of Health issued a circular 3/63 regarding arrangements for after-care of patients discharged from hospital. It was suggested that local authorities should designate an officer to be responsible for mobilising the community services for discharged patients. All requests for community care are made through this Department and difficulties are minimal because of the unified control over Health and Welfare Services.

In March, 1966, the Department of Education and Science and the Ministry of Health issued a joint circular recommending Local Authorities to take the lead in the co-ordination of Education, Health and Welfare Services for handicapped children and young people.

In Wigan co-ordination of the services for handicapped children and young people has never been a problem as the Medical Officer of Health is in charge of a combined Health and Welfare Department and is also responsible as Principal School Medical Officer for the School Health Service. Excellent relations have long been established with the Hospital Services and there is full interchange of information with the Paediatrician, Orthoptic Surgeon and E.N.T. Surgeon and the Departmental officers concerned with school and pre-school children. The closest co-operation is also maintained with general practitioners and staff attachments to group practices are encouraged.

In order to meet the particular points in the circular a joint Case Conference is held three or four times each year when all children of school age with multiple handicaps are reviewed. The conference is attended by the Consultant Paediatrician, School Medical Officers, the Senior Welfare Officer, Senior Mental Welfare Officer, School Welfare Officer and Youth Employment Officer. In addition the Children's Officer is invited if any child whose case may be discussed is in the care of the local authority or thought to be in need of the fringe services of the Children's Department. From time to time representatives of voluntary organisations who might help with a particular case are invited to attend.

Major Accident Organisation

In the event of a major catastrophe it is essential that all those officers and services who will inevitably be involved shall be aware of the resources, commitments and liabilities of each other and that pre-arranged conventions governing the alerting of the services shall be widely known. To achieve this the co-operation of ambulance, fire, hospital, police and welfare services, both statutory and voluntary, in the County Borough and the surrounding area have been obtained. The Department has published in booklet form, comprehensive schemes drawn up and co-ordinated by officers of the various authorities involved. These schemes are reviewed annually and amendments made in the light of experience.

Section IV

**Prevalence of
and
Control over
Infectious Disease**

PREVALENCE AND CONTROL OF INFECTIOUS DISEASES

On 12th June Ministry of Health Circular 20/68 added Infective Jaundice to the already notifiable infectious diseases. Further changes in the list were brought about by Circular 30/68 which came into operation on 1st October. Pneumonia, rheumatism, erysipelas, membranous croup and puerperal pyrexia were no longer notifiable and leprosy, leptospirosis, tetanus and yellow fever were added.

Cases of measles were notified in every month during the year. The total number of notifications was 615 compared with 364 in 1967.

There were 23 notified cases of pulmonary tuberculosis, compared with 15 cases notified and 11 cases of whooping cough, compared with 27 the previous year. No case of paralytic poliomyelitis was notified and for the twentieth successive year there was no confirmed case of diphtheria.

NOTIFICATIONS

CASES OF INFECTIOUS DISEASE NOTIFIED DURING THE YEAR 1968

NOTIFIABLE DISEASE	At all Ages	CASES NOTIFIED								
		AGE GROUPS								
		under 1	1 and under 3	3 and under 5	5 and under 10	10 and under 15	15 and under 25	25 and under 45	45 and under 65	65 and over
Acute Encephalitis, Infective	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—
Dysentery	1	1	—	—	—	—	—	—	—	—
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—
Food Poisoning	15	1	2	—	2	2	3	2	3	—
Infective Jaundice	6	—	—	1	1	2	2	—	—	—
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—
Measles	615	42	219	198	148	6	1	1	—	—
Meningococcal Infection	3	1	2	—	—	—	—	—	—	—
Ophthalmia Neonatorum	2	2	—	—	—	—	—	—	—	—
Pneumonia	1	—	—	—	—	—	—	1	—	—
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	11	—	2	2	6	1	—	—	—	—
Tuberculosis: Pulmonary	23	—	2	—	—	1	2	5	10	3
Other forms	2	—	—	—	1	—	1	—	—	—
Whooping Cough... ..	11	1	5	2	3	—	—	—	—	—
TOTALS	690	48	232	203	161	12	9	9	13	3

Analysis of Notifications by Months, 1968

DISEASE	Jan.	Feb.	Mar.	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Totals
Acute Encephalitis: Infective	—	—	—	—	—	—	—	—	—	—	—	—	—
Acute Poliomyelitis: Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—	—	—	—
Diphtheria	—	—	—	—	—	—	—	—	—	—	—	—	—
Dysentery	—	—	—	—	—	—	—	—	—	—	—	1	1
Enteric or Typhoid Fever	—	—	—	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	—	—	—	—	—	—	—	—	—	—	—
Food Poisoning	—	—	—	—	—	—	—	—	1	—	7	7	15
Infective Jaundice	—	—	—	—	—	—	—	—	2	2	2	—	6
Malaria (contracted abroad)	—	—	—	—	—	—	—	—	—	—	—	—	—
Measles	1	1	2	61	174	171	155	35	6	3	4	2	615
Meningococcal Infection	1	—	1	—	—	—	—	—	1	—	—	—	3
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	—	—	2	2
Pneumonia	—	—	—	—	—	—	1	—	—	—	—	—	1
Puerperal Pyrexia	—	—	—	—	—	—	—	—	—	—	—	—	—
Scarlet Fever	—	—	2	—	3	—	2	—	3	—	—	1	11
Tuberculosis: Pulmonary	3	1	3	1	—	4	6	4	—	1	—	—	23
Other Forms	—	—	—	1	—	—	1	—	—	—	—	—	2
Whooping Cough	1	1	2	—	2	—	—	—	5	—	—	—	11
TOTALS	6	3	10	63	179	175	165	39	18	6	13	13	690

Comparative Notifications for the Past Ten Years

DISEASE	1959	1960	1961	1962	1963	1964	1965	1966	1967	1968
Acute Encephalitis: Infective	—	1	—	—	1	—	—	1	—	—
Acute Poliomyelitis: Paralytic	3	—	2	—	—	—	—	—	—	—
Non-Paralytic	—	—	—	—	—	—	—	—	—	—
Diphtheria and Memb. Croup	—	—	—	—	—	—	—	—	—	—
Dysentery	12	8	10	6	8	5	7	—	2	1
Enteric or Typhoid Fever	—	—	1	—	1	—	—	2	1	—
Erysipelas	1	2	1	—	—	2	1	—	1	—
Food Poisoning	4	—	2	4	16	3	2	—	—	15
Infective Jaundice	—	—	—	—	—	—	—	—	—	6
Malaria (contracted abroad)	—	1	—	—	—	—	—	—	—	—
Measles	488	41	1608	39	700	652	469	246	364	615
Meningococcal Infection	2	1	3	5	3	2	—	1	—	3
Ophthalmia Neonatorum	—	—	—	—	—	—	—	—	—	2
Pneumonia	48	2	4	—	—	2	5	1	—	1
Puerperal Pyrexia	—	—	—	1	—	—	—	1	—	—
Scarlet Fever	25	47	25	6	8	34	17	20	8	11
Tuberculosis: Pulmonary	56	50	34	25	38	27	21	22	15	23
Other Forms	9	3	2	2	3	6	2	5	2	2
Whooping Cough	63	20	—	1	82	9	3	7	27	11
TOTALS	711	176	1692	89	860	742	527	306	420	690

Tuberculosis

Notifications, 1968

Formal Notifications

[illegible]

Cases Coming to the Notice of the Medical Officer of Health Otherwise than by Formal Notification

[illegible]

New Cases and Mortality During 1968

AGE PERIODS:				NEW CASES				DEATHS			
				Respiratory		Non-Respiratory		Respiratory		Non-Respiratory	
				M.	F.	M.	F.	M.	F.	M.	F.
0—	...	...	...	—	—	—	—	—	—	—	—
1—	...	...	...	—	2	—	—	—	—	—	—
5—	...	...	...	—	1	—	1	—	—	—	—
15—	...	...	...	—	2	1	—	—	—	—	—
25—	...	...	...	2	3	—	—	1	—	—	—
45—	...	...	...	6	4	—	—	1	—	—	—
65—	...	...	...	2	—	—	—	1	—	—	—
75—	...	...	...	1	—	—	—	3	—	—	—
TOTALS...				11	12	1	1	6	—	—	—

The number of deaths from Pulmonary Tuberculosis was 6 compared with 5 in 1967 and 6 in 1966. No death from other tubercular infections occurred during the year.

Comparative Statistics, 1964 to 1968

Cases Notified

	1964	1965	1966	1967	1968
Pulmonary	27	21	22	15	23
Other forms of tuberculosis	6	2	5	2	2
TOTALS	33	23	27	17	25

Deaths

	1964	1965	1966	1967	1968
Pulmonary	3	4	6	5	6
Other forms of tuberculosis	1	—	—	1	—
TOTALS	4	4	6	6	6

Death Rates

	1964	1965	1966	1967	1968
Pulmonary	0.04	0.05	0.08	0.06	0.08
Other forms of tuberculosis	0.01	0.00	0.00	0.01	0.00
TOTALS	0.05	0.05	0.08	0.07	0.08

DISINFECTION

Distribution of Disinfectants

Disinfectants of proved potency are provided free to the occupiers of houses where infectious disease has occurred, and in cases where there are exceptional circumstances. Other persons who desire supplies are charged a small amount to meet the cost of the disinfectant.

Information on the correct use of these agents is given by the public health inspectors.

Section V

National Assistance Act, 1948

Part III

Welfare Services

ADMINISTRATION

The Authority's Welfare Services, under the National Assistance Act, 1948, continued to be controlled by the Health and Social Services Committee.

The total number of staff employed on Welfare Services at 31st December, 1968, was 112, made up as follows:—

Administrative and Clerical (including persons in charge of Homes)	17
Home Staffs (other than person in charge)	83
Flats for the Aged—Part-time Wardens	6
Staff employed at Social and Handicraft Centres (including Occupational Therapist)	4
Home Teachers for the Blind	2
	112

RESIDENTIAL ACCOMMODATION

The following table shows the numbers of aged persons provided with residential accommodation as at the 31st December, 1968.

No.	Springfield (61)		Douglas Bank House (31)		Norley Hall (38)		Rockwood (19)		(Former P.A. Inst.) St. Stephen's House (40)	
	M.	F.	M.	F.	M.	F.	M.	F.	M.	F.
Over 90	—	2	1	5	—	—	—	—	—	1
85—90	3	9	1	—	6	3	1	—	—	1
80—85	4	10	1	8	5	3	—	—	4	4
75—80	8	7	1	5	6	—	1	3	5	3
70—75	3	6	2	2	3	2	—	1	5	4
65—70	2	3	—	3	1	2	2	—	2	3
60—65	—	—	—	—	—	1	1	1	2	1
Mentally and Physically Infirm	—	3	—	—	1	2	—	1	1	2
Average Ages	80.2		79.4		78.4		76.1		76.1	

Overall average age 78.9

The most marked feature in our work in this service is the changing social pattern of the residents in Part III accommodation. Shortage of psychiatric and geriatric hospital beds on the one hand and the provision of warden controlled flatlet accommodation on the other have combined to change the type of case admitted to residential units. The average age of residents is now almost 80 years and an increasing proportion are very infirm or handicapped.

It is very pleasing to record that Bottling Wood Hostel, which is to replace the ex-Poor Law Institution, should be ready for occupation by September, 1969.

During 1968 the number of admissions to Part III accommodation was as follows:—

	M.	F.
(1) From own homes, lodgings, etc., (including short stay)....	31	58
(2) From Hospitals	9	28

The numbers discharged from Part III accommodation were as follows:—

(1) No. dying in Homes	2	5
(2) No. transferred to Hospital	17	31
(3) No. discharged elsewhere	10	13
(4) No. leaving after "short-stay"	11	44

Short Term Care

This is an extremely valuable service for it enables families and individuals who are devotedly caring for their aged relatives and friends to have a brief respite, perhaps to proceed on holiday. During the year "Short term care" was provided for 55 persons.

Hostel for Men

In addition to the above, 10 men were accommodated in the former Institution. These men require less attention and their need for care arises principally from their lack of supervised accommodation and elementary comforts.

Admission Arrangements

Cases for admission are brought to the notice of the department by personal application, by relatives, by general practitioners, members of the Council, Public Health Inspectors, Health Visitors and so on. There is always a considerable number of persons awaiting admission, and it will be obvious that to admit applicants on a "first come—first served" basis would be impracticable. Some cases are of a more urgent nature and the date of application is therefore ignored in assessing priority. All cases are visited frequently and as a vacancy arises it is allocated to an aged person in most urgent need of care.

Where hospital patients are fit for discharge but unable to return home for any reason they are interviewed by a welfare officer and their names are entered on the waiting list. In this sphere, close liaison is maintained with the Consultant Geriatrician and the Almoners.

Charges for Accommodation

The Standard Charge for the year was £8 8s. 7d. per week but residents are assessed to pay according to their means and few are called on to pay at this rate.

TEMPORARY ACCOMMODATION

The Homeless Family Units at the Welfare Home which were opened in October, 1954, were closed down in November, this year, when the two remaining families were rehoused by the Housing Department.

The following statistics during the 14 years might be of interest:—

Number Accommodated:—

Male	14	Female	37	Children	131
-----------	----	-------------	----	---------------	-----

Size of Families

Number of families 37

No. of children in family	One	Two	Three	Four	Five	Six	Seven	Eight	Nine
	4	6	12	7	3	2	1	1	1

Length of Stay

Less than one week	....	1	Five to six years	....	1
Less than one month	....	7	Six to seven years	....	—
Two to twelve months	....	15	Seven to eight years	....	—
One to two years	....	5	Eight to nine years	....	—
Two to three years	....	3	Nine to ten years	....	1
Three to four years	....	—	Ten to eleven years	....	1
Four to five years	....	3			

Reason for Admission

(a) Homeless by reason of natural disaster (fire, flood, etc.)	....	....	1
(b) Eviction from municipal housing	(i) due to rent arrears	....	15
	(ii) other reasons	....	2
(c) Eviction from other accommodation	(i) private houses	....	3
	(ii) Lodgings (private)	....	8
	(iii) Lodgings (with relations)	....	6
(d) Attempts at legal separation order	....	....	2

Discharges

(a) To private houses	....	11	(c) To lodgings	....	1
(b) To municipal houses	....	15	(d) Unknown	....	10

Consideration will have to be given to future arrangements for homeless families in the Borough. The Children's Officer, Housing Manager and myself have already discussed the problem and it is hoped to formulate a policy for submission to the appropriate Committees early in the New Year.

CARE OF THE AGED**Domiciliary Visiting**

Aged Persons living alone in Wigan:—

WARD	Men	Women	WARD	Men	Women
Lindsay	40	143	Whitley	38	143
Whelley	45	105	Lamberhead	25	151
Scholes	72	244	Marsh Green	24	102
Poolstock	93	281	Newtown	50	178
Beech Hill	54	240	Rosehill	62	201
Gidlow	52	245	Highfield	7	26
Swinley	32	166	Worsley Mesnes	6	49

A register of these people is kept in the Department and the information includes particulars of relatives and friends with the frequency of visitation, the family doctor, nature of any disability, an indication of services provided, together with a resume of the social conditions and financial circumstances. Social Workers made 3,395 visits to aged people living in their own homes. Advice and guidance has been welcomed, and a pre-paid postcard was left with each person so that, in the event of their requiring any assistance, advice or welfare services in any way, they had only to post the card and a Welfare Officer would visit to render any assistance that might be required. The elderly appear to be bewildered by the complexity of the social services, and simple matters become, to them, problems of considerable difficulty. It is considered that the solution of these problems by the Welfare Officers made a difference to the mental contentment of the old persons concerned.

Excellent relationships exist between officers of the Department of Health and Social Security and those of the Department. There is an interchange of information regarding old people for whose benefit the services of either authority are being provided.

Warden Controlled Flatlets for the Aged

There are now 173 flatlets in six units:—

Thorburn House	33 flatlets
Alexandra House	25 flatlets
Clifton House	25 flatlets
Acton House	25 flatlets
Hindley House	25 flatlets
*Brackley House	40 flatlets

* 5 aged persons bungalows are connected by communication system to the Warden's flat.

The Welfare Services Section has been closely involved with the provision of community amenities, the appointment of wardens and the assessment of priorities for admission.

Handicraft Classes are held in the Communal Lounges on one afternoon each week and film shows are given periodically by the Wigan Cine Club. These are much appreciated by the tenants, and have been a means of their getting to know each other more easily.

The combination of independence and companionship works well in practice, and the presence of a Warden, who can offer assistance in case of illness or emergency removes the fear which otherwise hangs over aged persons who live alone.

OTHER SERVICES

Holidays at Rockwood, Colwyn Bay

Holidays at the Council's Aged Persons' Home at Colwyn Bay were provided for aged persons who were in need of care and attention for a limited period, whose relatives or friends were themselves desirous of taking a holiday but who for the remainder of the year were prepared to care for them in their own homes.

Section 47. Removal of Persons in Need of Care and Attention

It was not found necessary to take action under this Section during the year. Cases have arisen where Section 47 procedure might have been applied but which have been avoided due to the satisfactory re-adjustment of the old person's mode of life, habits, etc., made possible through the efforts of the officers of the Health and Welfare Department.

Section 48. Protection of Movable Property

No applications were received during the year requesting the Authority to provide protection of movable property.

Section 50. Burial of the Dead

Under this Section of the Act, Local Authorities must accept responsibility for the burial or cremation of the body of any person who has died or been found dead in their area, where it appears that no other person or organisation will do so. The decision of the Ministry of Health that the cost of burial of patients dying in hospital could be a proper charge on health service funds has somewhat relieved the financial burden.

During the year, the service was provided in 3 cases.

WELFARE ARRANGEMENTS FOR HANDICAPPED PERSONS

Section 29.

Welfare of the Blind

The functions of the Authority are administered on an agency basis by the Wigan, Leigh and District Society for the Blind. Two Home Teachers are employed and seconded to the Society for duty. The Society provides sheltered employment and training for suitable blind persons, enabling them to engage in work in Workshops for the Blind.

The Home Teaching Service is operated by the Society and is available to all types of people who have become blind. Their needs vary considerably—financial assistance, education, training for employment, pastime occupations, handicrafts and cultural interests. In the course of their duties, the Home Teachers endeavour to establish a friendly contact between themselves and the blind persons, so as to inspire confidence and understanding in their association. Regular visiting in their homes is carried out and help given regarding housing, home-help service, etc. The Home Teachers also act as escorts to blind persons attending hospital.

The care of the Deaf Blind persons without speech is one of the most difficult problems confronting the Home Teacher. All Deaf Blind persons must have regular visits and means of communication (e.g. The Manual Alphabet) must be taught and used.

The Society act as agents for the "British Wireless for the Blind" Fund and install and maintain all sets free of charge.

The Health and Social Services Committee pay the rentals on 28 Talking Book Machines which have been loaned to blind persons and are much appreciated.

Extra amenities, such as trips to the seaside, holiday grants, Christmas grants and all kinds of social activities are provided by the Society from the Voluntary Fund and it is only by the generosity of the many donors to the Fund that the Society is able to provide these services to the blind people of the area.

Classification of Registered Blind Persons by Age Groups

Age Group	Total Register 31-12-68			New Cases Registered during 1968		
	M.	F.	Total	Age at Registration		
	M.	F.	Total	M.	F.	Total
0	—	1	1	—	1	1
1	—	—	—	—	—	—
2	—	—	—	—	—	—
3	—	—	—	—	—	—
4	—	—	—	—	—	—
5—10	2	1	3	—	—	—
11—15	1	1	2	—	—	—
16—20	2	1	3	—	—	—
21—29	2	—	2	—	—	—
30—39	7	1	8	—	—	—
40—49	3	7	10	—	—	—
50—59	9	7	16	1	—	1
60—64	5	4	9	3	1	4
65—69	6	12	18	—	—	—
70—79	16	28	44	2	7	9
80—84	7	10	17	1	—	1
85—89	6	10	16	1	—	1
90 and over	1	1	2	—	—	—
	67	84	151	8	9	17

Ages at which Blindness Occurred

Age Group	Total Register			New Cases Registered during 1968		
	M.	F.	Total	M.	F.	Total
	M.	F.	Total	M.	F.	Total
0	9	7	16	—	1	1
1	—	—	—	—	—	—
2	1	—	1	—	—	—
3	—	1	1	—	—	—
4	—	2	2	—	—	—
5—10	—	2	2	—	—	—
11—15	1	2	3	—	—	—
16—20	2	1	3	—	—	—
21—29	8	4	12	—	—	—
30—39	8	2	10	—	—	—
40—49	4	3	7	—	—	—
50—59	7	8	15	1	—	1
60—64	8	13	21	3	1	4
65—69	5	11	16	—	1	1
70—79	8	23	31	2	6	8
80—84	4	4	8	1	—	1
85—89	2	1	3	1	—	1
90 and over	—	—	—	—	—	—
	67	84	151	8	9	17

During the year ended 31st December, 1968, 21 names were added to the Register of Blind Persons and 17 names were removed. Details are shown on the following table:—

No. of registered blind persons at 31-12-67	....	....	....	....	147
Registered 1st January to 31st December, 1968	....	....	....	17	
Transfers into Area	....	....	....	4	
Re-certified	....	....	....	—	21
					<hr/>
					168
Deaths	....	....	....	12	
Removals out of Area	....	....	....	55	
De-certified	....	....	....	—	17
					<hr/>
No. on Register at 31-12-68	....	....	....	....	151
					<hr/>

The cause of blindness in the above new cases was as follows:—

	Males	Females
Arteriosclerosis	—	1
Accident	1	—
Corneal opacity and cataracts	1	—
Diabetic Retinopathy	1	—
Diabetes	1	1
Glaucoma	—	3
Hypertension	—	1
Incipient cataract	—	1
Iritis	1	—
Macular Degeneration	2	2
Retina—Choroidal Degeneration	1	—

Follow-up of Registered Blind Persons

(1) No. of cases registered as blind during the year in respect of which Sec. F. Para. 1 of Forms B.D.8 recommends	Cause of Disability			
	Cataract	Glaucoma	Retrolental Fibro-plasia	Others
(a) No treatment	—	—	—	5
(b) Treatment (medical, surgical or optical)	2	3	—	7
(2) No. of cases at (1) (b) above which, on follow up action, have received treatment	2	3	—	6
(3) No. of cases at (2)				
(a) Vision improved	—	—	—	—
(b) Sight restored	—	—	—	—
(c) Treatment continuing at end of year	2	3	—	6

Follow-up of Registered Partially Sighted Persons

(1)	No. of cases registered as partially sighted during the year 1968, in respect of which Sec. F. Para. 1 of Forms B.D.8 recommends:—	Cause of Disability			
		Cataract	Glaucoma	Retrolental Fibro-plasia	Others
(a)	No treatment	2	—	—	3
(b)	Treatment (medical, surgical or optical)	3	—	—	1
(2)	No. of cases at (1) (b) above which, on follow-up action, have received treatment	3	—	—	1
(3)	No. of cases at (2) above in which:—				
(a)	Vision improved	—	—	—	—
(b)	Sight restored	—	—	—	—
(c)	Treatment continuing at end of year	3	—	—	1

Register of Partially-Sighted Persons

Age Group	Registered at 31-12-68			Registered during 1968		
	M.	F.	Total	M.	F.	Total
0—1	—	—	—	—	—	—
2—4	—	—	—	—	—	—
5—15	4	1	5	—	—	—
16—20	2	—	2	—	—	—
21—49	3	2	5	—	—	—
50—64	2	3	5	—	—	—
65 and over	10	22	32	2	7	9
	21	28	49	2	7	9

Welfare of Blind Children

Three blind children, who have been ascertained under the Education Act (Handicapped Pupils and School Health Service Regulations) as being in need of special educational treatment, are being maintained by the Authority as follows:—

	M.	F.
The Royal Normal College, Rowton, Shrewsbury	—	1
St. Vincent's School for the Blind, West Derby, Liverpool	1	—
Sunshine Home, Southport	—	1

Workshop Employment

The types of employment and extent of provision available for Borough cases are as follows:—

Brush making	4
Basket making	2
Machine knitters	1
Piano tuning	1
Salesman	1
Cleaner	1

Home Workers

There is no Home Workers' Scheme in Wigan.

Placement in Open Industry

The following arrangements have been agreed for carrying out the placement of blind persons in open industry.

- (1) That each case within the area of the Wigan County Borough be dealt with as it arises
- (2) That the operation of the placement service be dealt with jointly by the Medical Officer of Health, through the Welfare Services Section, the Voluntary Society for the Blind, through the Superintendent, and the Local Disablement Resettlement Officer.

Welfare of the Deaf

The functions of the Authority are, in accordance with the Approved scheme administered on an agency basis by the Wigan and District Deaf and Dumb Society, acting as agents for the County Borough of Wigan.

Deaf Register—Grouping

	Male	Female
Children under 16:		
Attending Special School 	7	3
Persons 16 and upwards:		
Employed 	24	7
Unemployed but capable of and available for, training for work 	1	2
Incapable of, or not available for, work 	8	15
	<hr/> 40	<hr/> 27
	67	

Register of the Deaf defined as in Ministry of Health Circular 25/61

MALE		Under 16 yrs.	16—64 yrs.	65 yrs. & over
Deaf without speech	.... ....	7	17	8
Deaf with speech	.... ....	—	4	4
FEMALE				
Deaf without speech	.... ....	3	12	8
Deaf with speech	.... ....	—	4	—

Welfare

During the year a considerable amount of time was spent in placing deaf persons in employment and assisting school leavers to find jobs, in co-operation with the Youth Employment Officer. The Society stresses the importance of placing deaf persons in employment where they will be happy and contented.

Visits to deaf people in their own homes brings the human element very much to the fore; personal problems and family difficulties all need careful understanding and prompt attention. Interpretation, on the occasions when it is of prime necessity that everything is understood by the deaf, is another important aspect of the work which cannot be too strongly stressed.

Accommodation

	Males	Females
Home for the Aged and Infirm Deaf, Blackpool	2	1

Social

Social life has followed very much the same pattern, with socials and events at the Institute for the members, bowls, football matches, hiking and camping being the outdoor pursuits.

Regular services were held in the Institute Chapel during the year.

Welfare of the Hard of Hearing

There are 252 known hard-of-hearing persons in the Wigan Borough area.

During the year, help was provided through the local Society for the Deaf in obtaining repairs of Medresco Hearing Aids. Advice and assistance have also been given in individual cases. There is a local Hard of Hearing Fellowship which has a membership of 30.

Handicapped Persons (General Classes)

CLASSIFICATION OF GENERALLY HANDICAPPED PERSONS

HANDICAP	Adults		Children		Total
	Male	Female	Male	Female	
Amputation	38	7	1	—	46
Arthritis and Rheumatism	16	24	—	—	40
Congenital Malformation	24	16	1	—	41
Diseases	68	30	—	—	98
Injuries	74	10	—	—	84
Organic Nervous Diseases	76	73	1	—	150
Other Nervous and Mental Deformities	21	16	—	—	37
T.B. (Respiratory)	10	5	—	—	15
T.B. (non-Respiratory)	3	—	—	—	3
Other disorder (not specified above)	8	7	—	—	15
	338	188	3	—	529

Handicapped Persons (Accommodation)

Five Handicapped Persons are in accommodation provided by other authorities as follows:—

	Males	Females
Maghull Homes for Epileptics	—	2
Cripples' Help Society, Tan-y-Bryn, Abergele	—	1
St. Elizabeth's Home for Epileptics, Much Hadam	—	1
Royal National Institute for the Blind	1	—

Adaptations

The Scheme authorises the Council to incur expenditure on alterations to the homes of handicapped persons so as to assist them to overcome the effects of their disability. Most of the applications arise as a result of the proposed issue of wheelchairs or invalid tricycles by the Department of Health and Social Security, when there is a need for assistance towards the cost of making a pavement crossing or providing an access path to the storage shed. 10 handicapped people were helped in this way during the year.

Handicrafts

Handicraft classes are held at the Social Centres in Crompton Street and Tunstall Lane, and visits are made to homebound handicapped persons.

During the year 221 classes were held and 253 visits made to the homebound.

Handicapped persons are taking advantage of the facilities offered at the Centres and have been encouraged to attend the handicraft classes provided. The types of work undertaken by the men are rugmaking, basketry, lampshades, tapestry, leatherwork; the main occupations of the women being crochet work, embroidery, hand and machine knitting, woodwork, lampshades, millinery and raffia work.

There appears to be a very happy atmosphere in the Classes and many new friendships have been made.

Other Services

Holidays have been arranged for blind and other severely disabled persons at the Aged Persons' Home at Colwyn Bay.

VOLUNTARY ORGANISATIONS

Considerable help has been given by the Rotary Club, W.R.V.S., Red Cross, Old People's Welfare Committees, Churches, Salvation Army, Youth Organisations and Dramatic Societies in connection with the welfare of aged and handicapped persons. During the year the following amenities were provided:—

- Outings for handicapped people
- Food parcels and coal to needy and elderly persons
- Books, magazines, etc., to Homes and Centres
- Clothing for necessitous cases
- Visiting elderly persons
- Complimentary tickets for social events
- Film shows.

Section VI

Sanitary Circumstances of the Area

WATER SUPPLY

The responsibility for the supply of water to the Borough is vested in the Makerfield Water Board. During the year the sources of supply have changed but have been found satisfactory as regards quantity and quality.

I am indebted to Mr. D. J. Findlay, Engineer and Manager of the Board, for the following information:

Chemical analyses of the various sources remain virtually unchanged and the results of bacteriological examination of supplies in the area are as follows:—

		No. of results showing Coliform bacilli		Bact. Coli
		Coliform bacilli absent	present	(Type 1) present
Raw water ....	....	4	8	6
Treated water ....	....	262	3	1

Chemical Analysis

Representative results from each major source are shown in the table on page 104.

The waters have apparently shown no tendency towards plumbo-solvent action and no special precautions are taken apart from routine chemical analysis in regard to this.

Action taken in respect of any form of contamination is as follows:—

If contamination occurs above the treatment works, this is either combatted by temporarily increasing chlorination, or if the contamination is too serious for this to be practicable, the supply in question is taken out of service temporarily.

In the case of contamination showing up in any “district” samples, immediate re-sampling is undertaken, and in the event of this confirming contamination, the main or service affected is disconnected and chlorinated after which a further series of samples are taken until the matter is cleared up.

The number of dwelling houses and the number of population supplied from public water mains direct to the houses are as follows:—

Dwelling houses	....	....	....	....	....	26,394
Population	....	....	....	....	....	79,410

No houses are supplied by means of standpipes.

SEWERAGE AND SEWAGE DISPOSAL

Practically the whole of the Borough is sewered and drained. The sewage is conducted from the town by two main outfall sewers (27ins. and 36ins. in diameter) to the Sewage Disposal Works at Hoscar — which are seven miles distant. Before leaving the Town the sewage is passed through detritus tanks and fine screens, where grit and gross solid matters are removed mechanically. At this point, storm water flows in excess of 3 dry weather flow and up to a maximum of 6 dry weather flow are treated in the storm water tanks. During storms of high intensity, flows in excess of 6 dry weather flow pass direct into the River Douglas.

The main treatment works at Hoscar provides full treatment for five million gallons per day, dry weather flow, of sewage and trade effluent. One million gallons of this is trade effluent from a food factory.

The sewage flow enters the Hoscar Works *via* the outfall Pumping Station, designed to increase the carrying capacity of the outfall sewers. Preliminary settlement is carried out in four radial flow tanks equipped with electrically-operated desludging gear. The settled sewage gravitates to four batteries of biological filters designed to operate as either single, alternate double, or re-circulation filters. Two automatic pumping stations controlled by flow recorders provide accurate proportioning of the re-circulated effluents. Before passing forward to the River Douglas the filtered effluents receive adequate settlement for removal of filter solids. The combined sludges from the sedimentary processes are treated in single stage heated digestion tanks prior to de-watering on sludge drying beds. Four dual fuel engine generating sets, designed to operate on diesel oil, or on methane gas evolved during digestion of the sludge, have been installed. These provide the whole of the power requirements in respect of pumping, lighting and heating on the new works.

During the year ended 31st March, 1968 the following amounts of sewage have been treated at the Hoscar Moss and Pemberton Sewage Works:—

Pemberton Storm Water Works	551,385,000 gallons
Hoscar Works	2,558,570,000 „
<hr/>	
TOTAL SEWAGE TREATED	3,109,955,000 „

Total solids removed, detritus tanks and screen chambers.

Pemberton	3.395 tons
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Total solids removed, Hoscar Works	50,547 „
---	----------

Total dried sludge recovered, Hoscar Works (Dry solids)	1,186 „
--	---------

Weight of dried solids per million gallons of sewage	0.464 „
--	---------

Rainfall for year (Hoscar Works)	38.00 inches
---------------------------------------	--------------

PUBLIC BATHS

Wigan's new baths are situated at the junction of Library Street and Chapel Lane. This imposing building was partially completed and opened on 14th May, 1966. The second phase of the building was completed and handed over on 1st November, 1967.

The main pool is built to international standards and is 165ft. long by 42ft. Diving facilities are provided in the form of one, three, five and ten metre boards. Two other pools are incorporated into the building, one is a 25 yard training pool, used by Schools and Swimming Clubs, and the other is a shallow water pool designed and used particularly for Swimming Instruction.

Bathers 1968

Swimming	....	....	....	....	....	435,286
Education Dept. (children under instruction)	....					136,215
Private Baths and Showers	....	....	....			21,472
Russian Bath	....	....	....	....	....	10,547
						<hr/> 603,520

Number of Bathers during the past five years.

1964	....	....	....	....	....	204,193
1965	....	....	....	....	....	226,536
1966	....	....	....	....	....	391,714
1967	....	....	....	....	....	448,314
1968	....	....	....	....	....	603,520

Sampling of Water

During the year 65 samples of water were taken for Bacteriological Examination from the various pools of the public baths and all but one sample proved to be satisfactory. It is pleasing to note that subsequent samples proved to be satisfactory after chlorine adjustment. The results are as shown below:—

		Number of Samples	Satisfactory	Unsatisfactory
Main Bath	....	21	21	—
Training Pool	....	23	22	1
Teaching Pool	....	21	21	—

PUBLIC CLEANSING

Mr. E. Cox, the Director of Public Cleansing, has supplied the following particulars:—

Refuse Collection and Disposal—Dry house refuse and trade refuse was collected by mechanical transport and 85% was disposed of by tipping.

Nightsoil and Pail Refuse—The refuse (330 tons) was disposed of direct to farmers as manure. All pails were washed and disinfected after each collection.

Trade Refuse—Fixed charges were introduced on 1st November, 1950, for the removal of trade refuse. The shops and business premises in the town centre had a daily collection.

A large amount, (3,109 tons) of trade refuse was delivered at the tipping site by private traders and contractors.

A scale of charges, in accordance with vehicle capacity was operated.

Gully Cleansing—During the year, 8,726 gullies were emptied.

Public Conveniences—The following conveniences and urinals were maintained and cleansed by the Department:

- 1 public convenience for ladies and gentlemen, with attendants.
- 7 public conveniences for ladies and gentlemen, without attendants.
- 12 public urinals.

All urinals were cleaned and inspected twice a day, once on Sundays.

General—The quantity of refuse dealt with by the Refuse Disposal Plant during the year 1967 was 4,717 tons, and the quantity tipped was 27,844 tons. In April, 1950, the Corporation introduced a Dustbins Renewal Scheme, as a direct rate charge. During the year, 1,221 bins were renewed and 356 sold to private properties not included in the scheme. In addition, 40 bulk containers were supplied for use at the new blocks of flats and certain industrial premises.

124,000,000 square yards of street were swept during the year.

CREMATION

The Medical Officer of Health, his Deputy and the two Assistant Medical Officers on the Health Department staff act as medical referees to the Corporation Crematorium. During the year, 1,003 certificates for cremation were issued.

Nuisances discovered	1,092
Nuisances abated	961
Notices issued (preliminary)	387
Notices issued (formal)	365
Letters issued <i>re</i> Nuisances	328
Visits to premises <i>re</i> Housing Acts	1,295
Re-visits to premises <i>re</i> Housing Acts	1,372
Visits to premises <i>re</i> Improvement Grants	490
Re-visits to premises <i>re</i> Improvement Grants	893
Visits to premises <i>re</i> Standard Grants	193
Re-visits to premises <i>re</i> Standard Grants	122
Visits <i>re</i> Certificates of Disrepair	5
„ „ Infectious diseases and food poisoning	53
Visits to slaughterhouses	3,866
Visits <i>re</i> Offensive trades	1
Visits to markets	73
„ butchers' shops	94
„ food preparers	51
„ caterers	251
„ other food shops	690
„ dairies	2
„ milkshops	15
„ ice-cream manufacturers	2
„ ice-cream shops	47
„ bakehouses	69
„ delivery vans and stalls	1,764
„ Licensed Premises	212
„ houses in multiple occupation	107
„ factories — power	246
„ factories — non-power	10
„ cinemas	7
„ places of entertainment	20
„ Shops <i>re</i> Shops Act	154
Shops Act observations	7
Visits <i>re</i> Offices, Shops and Railway Premises Act	2,368
„ rats and mice — dwellings	1,942
„ „ other premises	669
„ smoke abatement	3,023
Visits to premises (testing of drainage)	542
„ premises <i>re</i> applications for tenancy of Council houses	10
„ verminous premises	151
Reports to Director of Public Works <i>re</i> dangerous structures	11
Watercourse Inspections	11
Visits <i>re</i> Pharmacy and Poisons Act	17
„ Noise Abatement	3
„ Merchandise Marks Act	170
„ Rag Flock Act	1
„ Nightdresses (Safety) Regulations	2
Other visits made	1,160
Samples Obtained	
Foods and Drugs	226
Water (for chemical analysis)	5
Water, Milk and Ice-cream (for bacteriological examination)	428
Fertilisers and Feeding Stuffs	8
Rag flock	4

AIR POLLUTION

The investigation of air pollution is carried out by the Warren Spring Laboratory: a branch of the Ministry of Technology. The Council is a contributor to the national survey of smoke and sulphur dioxide. The equipment used is standard and consists of a deposit gauge the contents of which are analysed monthly, and a daily smoke filter and volumetric sulphur dioxide apparatus. Below is a monthly analysis of the grit fallout collected by the deposit gauge.

DEPOSIT GAUGE AT WIGAN INFIRMARY

	Jan.	Feb.	Mar.	Apr.	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.	Month-ly Av.
Total Solids (tons/sq. mile)	10.65	6.50	12.21	10.86	8.75	9.60	8.98	5.53	10.99	9.68	7.28	8.37	9.11
Insoluble Solids (tons/sq. mile)	5.64	2.94	6.69	6.66	4.39	5.57	4.38	3.62	5.46	4.04	4.19	4.48	4.83

Domestic Pollution

The County Borough of Wigan (No. 4) Smoke Control Order, 1967, which affects most of the town centre was brought into operation during the year. A further two orders, No 5, approximately 647 acres, sited in the south west corner of the Borough, and No. 6, approximately 181 acres, which covers an area in the north east of the Borough, have been made by the Town Council.

Confirmation of the No. 5 Order was obtained from the Minister of Housing and Local Government on the 14th August, since when the work of converting firegrates has been proceeding. The order comes into operation on the 1st July, 1969. The No. 6 proposed smoke control order is at present awaiting confirmation.

The No. 7 proposed smoke control area which contains 1,773 premises has been surveyed and a further proposed smoke control area (No. 8) containing approximately 879 premises is being surveyed. It is hoped that the orders will be made in the near future.

The position as regards smoke control areas made by the Town Council is now as follows:—

SMOKE CONTROL AREAS

	Acres	Dwellings	Factories	Other Premises	Date of Operation
No. 1	97	870	1	24	1st July, 1962
No. 2	609	621	3	35	1st December, 1962.
No. 3	550	1,501	2	18	1st December, 1963.
No. 4	64	629	1	297	1st August, 1968.
No. 5	647	1,471	1	32	1st July, 1969.
No. 6	181	491	—	3	

Smoke emissions from domestic premises included in established smoke control areas continue to cause trouble. In most cases a visit and warning to the occupier concerned has been sufficient to prevent a recurrence of the emission. It is anticipated that pending legislation which proposes to prohibit the sale of unauthorised fuel in smoke control areas will help to alleviate this problem.

Trials of various kinds of solid fuel burning appliances and electrical storage heaters have been completed at the Marsh Green Corporation-owned housing estate, which is included in the No. 3 Smoke Control Area. It has been decided to replace the existing inset coke burning grates with integral fan assisted grates and it is expected that the work of replacement will commence in the near future.

Industrial Pollution

During the year a number of complaints have been received of smoke from commercial and industrial chimneys. Observations of the chimneys concerned have been made and where necessary management warned of undue smoke emissions.

Occupiers of this type of premises have shown willingness to co-operate in this regard and have taken all necessary steps to reduce atmospheric pollution from this source. It has not been found necessary to take formal action.

Chimney Heights

Plans showing proposals to erect 7 new chimneys were received. In each case a satisfactory height was agreed upon and the plans subsequently passed.

Prior Approval of Boiler Plant

Proposals to install new boiler equipment were received from 9 applicants. All the plans were approved as being satisfactory.

Smoke Offences

During the year it has not been necessary to serve any notices under Section 16 of the Clean Air Act, 1956.

Offensive Trades

The offensive trade premises in the Borough comprise 1 Fell Monger and 1 Gut Scraper — both factories being situated away from residential areas.

Many visits have been paid to these premises and no cause for complaint has been found.

The Rag Flock and Other Filling Materials Regulations, 1951

Four samples were taken during the year and the results of the examinations were satisfactory.

Factories Acts

256 routine visits were made to factories and other premises in the area. The tables below show the conditions found and action taken.

PREMISES	Number on Register	Number of		
		Inspections	Written notices	Occupiers prosecuted
(i) Factories in which Sections 1, 2, 3, 4 and 6 are to be enforced by Local Authorities	4	4	—	—
(ii) Factories not included in (1) in which Section 7 is enforced by the Local Authority	316	246	44	—
(iii) Other premises in which Section 7 is enforced by the Local Authority (excluding out-workers' premises).	17	6	—	—
TOTAL	337	256	44	—

PARTICULARS	Number of cases in which defects were found				Number of cases in which prosecutions were instituted
	Found	Remedied	Referred To H.M. Inspector	By H.M. Inspector	
Want of cleanliness (S.1.) ...	4	—	1	—	—
Overcrowding (S.2)	—	—	—	—	—
Unreasonable temp. (S.3.) ...	—	—	—	—	—
Inadequate ventilation (S.4.) ...	—	—	—	—	—
Ineffective drainage of floors (S.6.)	—	—	—	—	—
Sanitary Conveniences (S.7.)					
(a) Insufficient	3	—	—	8	—
(b) Unsuitable or defective ...	7	3	—	2	—
(c) Not separate for sexes ...	—	—	—	1	—
Other offences against the Act (not including offences relating to Out-work)	81	10	—	—	—
TOTAL	95	13	1	11	—

Outworkers

From the lists received 19 persons were engaged on outwork — 17 in basket making and 2 in wearing apparel. Although the manufacture of washleathers does not appear to be one of the occupations applying to outworkers, for a number of years returns indicate that this type of work is being carried on. Lists indicate that 7 persons are so engaged.

OFFICES, SHOPS AND RAILWAY PREMISES ACT, 1963

This Act makes provision for the health, safety and welfare of persons employed in those premises and its provisions follow closely those of the Factories Act. The work under the Act is the subject of a separate annual report made to the Ministry of Labour. The figures appended below relate to those premises for which the local authority are responsible. In the main, the Ministry of Labour is responsible for those offices in factories, crown offices and local authority offices, the local authority is responsible for all others.

Inspections

949 general inspections and 1,419 other visits were made during the year.

SUMMARY OF CONTRAVENTIONS FOUND DURING GENERAL INSPECTIONS

Eating facilities	....	....	....	....	....	....	....	....	3
Floors, passages and stairs	....	....	....	....	....	....	....	....	69
Fencing, exposed parts of machinery	....	....	....	....	....	....	....	....	44
Washing facilities	....	....	....	....	....	....	....	....	114
Supply of drinking water	....	....	....	....	....	....	....	....	1
Cleanliness	....	....	....	....	....	....	....	....	105
Overcrowding	....	....	....	....	....	....	....	....	—
Lighting	....	....	....	....	....	....	....	....	63
Sanitary Conveniences	....	....	....	....	....	....	....	....	98
Abstract of Act	....	....	....	....	....	....	....	....	167
Clothing Accommodation	....	....	....	....	....	....	....	....	7
Sitting facilities	....	....	....	....	....	....	....	....	3
Temperature (thermometers)	....	....	....	....	....	....	....	....	112
Temperature (heating)	....	....	....	....	....	....	....	....	30
Ventilation	....	....	....	....	....	....	....	....	22
First Aid — General Provisions	....	....	....	....	....	....	....	....	146

Registered Premises

CLASS OF PREMISES	No. of premises registered at end of year	No. of registered premises receiving a general inspection during year
Offices	282	263
Shops	537	549
Wholesale shops, warehouses	61	60
Catering establishments open to the public, canteens	73	73
Fuel storage depots	3	4

Notifiable Accidents

78 notifiable accidents were recorded during the year, an increase of approximately 20% over the previous year. This is thought to be due almost entirely to a keener awareness of the legal obligation to report such accidents.

Falls of persons proved to be the most common form of accident whilst accidents happening whilst handling goods proved second commonest.

Analysis of Persons Employed

CLASS OF WORKPLACE							No. of persons employed
Offices	....	....	....	....	....	....	3,256
Shops	....	....	....	....	....	....	2,485
Wholesale departments, warehouses	....	....	....	....	....	....	936
Catering establishments open to public	....	....	....	....	....	....	753
Canteens	....	....	....	....	....	....	12
Fuel storage depots	....	....	....	....	....	....	20
Total							7,462
Total males							2,330
Total females							5,132

Legal Proceedings

- (1) An appeal was lodged by a local garage company in 1967 against a conviction for a contravention of Section 10(1) of the Offices, Shops and Railway Premises Act, 1963 but this was dismissed with costs against appellant in January, 1968.
- (2) A local trader was served with four summonses in 1968 with respect to trading on the early Closing Day without displaying appropriate notices. Non-exempted articles were freely sold. He pleaded guilty and was fined £4 and costs totalling £23 15s. 0d. altogether.
- (3) The Company mentioned in the first case was prosecuted for additional offences under the Offices, Shops and Railway Premises Act, 1963, for another of their garages. Convictions were secured under Section 6(4), Section 10(1), Section 24(1) and Regulation 3 — Information for Employees Regulations, 1965. The fine was £25 plus £7 7s. 0d. advocates fees.

PHARMACY AND POISONS ACT, 1933

No. of "Listed Sellers" on register 58

PLACES OF ENTERTAINMENT

These premises are invariably kept in a satisfactory condition. In addition to routine visits all the places of entertainment are inspected and reported on annually prior to the granting of the licence.

RODENT CONTROL

Prevention of Damage by Pests Act, 1949

Every reported infestation of rats or mice is investigated in addition to routine inspections. All domestic infestations are treated free of charge whilst treatment on industrial or commercial premises is charged for. Regular treatment of the sewers is also carried out by using the acute poison sodium fluoracetamide.

This year there have been more domestic rat infestations reported than for a very long time. The houses generally affected are newly constructed ones on land formerly used for agricultural purposes, the rats gaining access during construction. The most common cause of infestation was due to the failure of contractors to seal up ducts left for the introduction of service pipes to the dwellings. All contractors have been warned of the dangers.

Section VII

Housing

SLUM CLEARANCE

Slum Clearance continues to make steady progress principally by Clearance Area procedure combined with Compulsory Purchase powers. During the year 485 houses were represented as being unfit for human habitation, and of these 434 were included within 7 areas.

Individual Unfit Properties

No. of unfit houses represented to committee	....	....	....	....	35
,, demolition orders made	....	....	....	....	16
,, closing orders made	....	....	....	....	15

Clearance Area—Compulsory Purchase Orders

Platt Lane Order containing 353 houses was confirmed.

Caroline Street/Hodson Street Order containing 127 houses was confirmed.

Poolstock Lane Order containing 17 houses was submitted and confirmed.

Sydney Street Order containing 15 houses was submitted and confirmed.

Woodhouse Lane Order containing 18 houses was submitted and confirmed.

York Street/Clayton Street Order containing 92 houses was submitted and confirmed.

Prescott Street Order containing 59 houses was submitted.

Miry Lane/Snape Street Order containing 10 houses was submitted.

Regent Street/Greenough Street Order containing 223 houses was submitted.

DEMOLITION AND RE-HOUSING

	No. of houses	Persons	Families
Houses Demolished in Clearance Areas	496	1,469	566
Houses Demolished as a result of action under Sect. 16 and 17 of Housing Act	134	81	36
Unfit houses closed....	4	17	4
Local authority-owned houses demolished	—	—	—

HOUSE IMPROVEMENT

Following the publication by the Minister of Housing and Local Government of the White Paper "Old Houses into New Homes," from the month of June to the end of the year a survey was undertaken on the condition of private houses throughout the Borough, including a re-appraisal of the remaining terraced within the Scholes Extended Comprehensive Redevelopment Area.

It is estimated that the number of houses which have been brought up to standard at the expense of owners without grant aid is 475 and those with the aid of grant 2,200. There remains approximately 3,094 houses which are below but are suitable and capable of being brought up to standard. This figure includes 441 houses which can reasonably be deleted from future clearance areas and which, after improvement, would have an extended life of 15 to 30 years.

As a result of information collated, some alteration to the proposed redevelopment of the Scholes area is envisaged, with emphasis on environmental improvement rather than large scale demolition and redevelopment.

Improvement Areas

In addition to individual applications for grant aid the Authority has 7 designated Improvement Areas. It is the intention to secure the improvement of all houses in these areas including the use of compulsory powers if necessary. The position in the 7 areas at the end of 1968 was as follows:

Improvement Area	No. in Area	No. below standard on designation of the area	No. improved	No. remaining to be improved
No. 1 (Swinley)	82	58	COMPLETED	—
No. 2 (Scholes)	90	86	80	6
No. 3 (Springfield)	128	81	75	6
No. 4 (Springfield)	211	137	68	69
No. 5 (Springfield)	282	222	119	103
No. 6 (Gidlow)	140	114	20	94
No. 7 (Gidlow)	404	292	58	235
Totals	1,337	991	478	513

Owners in these areas have responded to the Council's intentions and it has not been necessary to use the compulsory improvement powers contained in the Housing Act, 1964. The Council also decided to carry out house improvements on a similar scale to the above in two of the older pre-war areas and the position at the end of the year was as follows:

	No. of houses in the Area	No. Inspected and Approved	No. Completed
Corporation Pre-war dwellings			
Spring Gardens	59	59	57
Ellis Street, Eckersley Street	25	25	17

Standard Grants

158 applications for Standard Grants were received during the year for some or all of the five amenities. 131 Grant payments were made to owners of houses where work had been completed.

Discretionary Grants

Many enquiries were received for the Discretionary Grant and all were investigated. This resulted in 56 formal applications being made, 54 of which were approved.

At the end of the year 55 houses had been fully improved and many were in the process of being improved.

HOUSING ACCOMMODATION

No. of dwelling houses erected in 1968:—

By Local Authority	....	....	....	....	....	....	....	581
By Private Enterprise	....	....	....	....	....	....	....	942

Unfit houses made fit:—

After informal action under Housing Acts....	....	....	....	....	....	....	....	5
After formal action under Public Health Act	....	....	....	....	....	....	....	—

Houses in which defects were remedied:—

After formal action under Public Health Act	223
---	------	------	------	------	------	------	------	-----

Housing accommodation as at 31st December, 1968:—

No. of dwelling houses	....	....	....	....	....	....	....	26,959
No. of business premises with living accommodation	....	....	....	....	....	....	....	529
No. of licensed premises with living accommodation	....	....	....	....	....	....	....	113

27,601

COMMON LODGING HOUSES

There are now no common lodging houses within the Borough.

HOUSES IN MULTIPLE OCCUPATION

This accommodation does not present the department with much of a problem but during the year one house was the subject of a Management Order.

No. of visits	107
---------------	------	------	------	------	------	------	------	------	-----

LEGAL PROCEEDINGS TAKEN DURING THE YEAR

A local firm of property agents had a nuisance order made against them for the completion of the repairs in 56 days.

RENT ACT, 1957

During the year 2 applications were received for Certificates of Disrepair. In 1 case the landlord gave an undertaking to carry out the necessary work within six months. No certificate was issued.

No application for the revocation of certificates was received.

Section VIII

Inspection and Supervision of Food

EXAMINATION OF WATER

Chemical Analysis

During the year 4 routine samples of water were sent to the Public Analyst for examination.

The results of these examinations, expressed in averages, are given below:—

	Parts per 100,000
Temporary Hardness	4.1
Permanent Hardness	3.1
Total Hardness	7.2
Alkalinity	4.1
Combined Chlorine	2.2
Ammoniacal Nitrogen	0.000
Albuminoid Nitrogen	0.001
Nitrogen as Nitrites	—
Nitrogen as Nitrates	less than .05
Oxygen absorbed in 4 hrs. at 27° C.	0.14
PH Value	7.5

Bacteriological Examination

During the year 43 routine samples of water from the taps of domestic and certain business premises were sent to the Public Health Laboratory, Manchester for examination. All were satisfactory.

MILK SUPPLY

At the present time only one small pasteurising plant is licensed within the Borough. The other plants were closed when centralisation of milk processing took place. Whilst this may be justified on efficiency or economy grounds the 4.8% failure of the pasteurised samples sent for the Methylene Blue Test indicates that the keeping quality of the milk was affected presumably by the longer distance the milk had to travel. A similar failure of untreated milk samples was also noted particularly that milk travelling from North Lancashire. In every case the failed samples were notified to the appropriate authority.

No. of visits to dairies	2
No. of visits to milkshops	15
No. of dealers licensed for the sale of sterilised milk	291
No. of dealers licensed for the sale of pasteurised milk	160
No. of dealers licensed for the sale of untreated milk	5
No. of dealers licensed for the sale of ultra heat treated milk	45
No. of dealer (pasteuriser's) licenses	1
No. of persons registered as distributors of milk	300
No. of premises registered as dairies	1

Bacteriological Examination of Milk

204 samples of milk were submitted for bacteriological examination:—

PASTEURISED:	87	All samples passed the Phosphatase Test, 83 passed the Methylene Blue Test.
UNTREATED:	33	31 samples passed the Methylene Blue Test.
STERILISED:	70	In all cases the Turbidity Test was negative.
ULTRA HEAT TREATED:	14	All satisfactory.

Brucella Abortus

Two samples were taken this year for the Ring test and both satisfied the test. Of the exceedingly small amount of untreated milk for retail which enters the borough it was ascertained that further samples were being taken at source in the adjoining authorities.

Chemical Examination of Milk

32 samples of milk were taken for chemical analysis. All were satisfactory.

Liquid Egg (Pasteurisation) Regulations, 1963

There is no Egg Pasteurising Plant operating within the Borough. 9 samples of liquid egg were taken and all proved satisfactory.

ICE CREAM

There are three registered manufacturers operating ice-cream pasteurising plants located within the Borough. In addition ice cream manufactured by nationally known firms and other small local firms is also on sale. Both manufacturing premises and retail outlets are inspected regularly throughout the year in order that the Regulations relating to hygienic construction and practises and the pasteurising requirements are complied with. 22 such visits were made to manufacturers and 47 to the retail outlets. In addition 110 samples were taken and submitted for the Methylene Blue Reduction Test. This test is not a statutory test but one which indicates to the Inspector good hygienic practises during ice-cream manufacture. The results of the samples which are expressed in Grades 1 to 4 are set out below:—

Grade 1	....	....	....	....	....	....	....	97
Grade 2	....	....	....	....	....	....	....	5
Grade 3	....	....	....	....	....	....	....	5
Grade 4	....	....	....	....	....	....	....	3

Twelve samples of ice-cream were also taken for chemical analysis to ensure that the minimum nutritional standards were maintained.

Retailers

The number of premises registered under Section 34 of the Wigan Corporation Act, 1933 for the sale of ice-cream on 31st December, 1968 was 373.

FOOD PREMISES

TYPE OF BUSINESS	No.	No. fitted	No. to	No. fitted
		to Sect. 16	which Sect. 19 Applies	to Sect. 19
Purveyor of Meat	57	57	57	57
Fried Fish Shops	51	51	51	51
Grocery Shops	203	203	203	203
Green Grocery Shops	23	23	23	23
Bake Houses	41	41	41	41
Sugar Confectionery Etc.	51	51	51	51
Restaurants, Cafes, Snack Bars	33	33	33	33
Other Food Premises	42	42	42	42

Inspection of Food Premises

The following is a summary of the defects discovered at food premises upon inspection:—

Insufficient washing facilities	41
Insufficient personal washing facilities	44
Lack of cleanliness of ceilings	61
Lack of cleanliness of walls	65
Lack of cleanliness of floors	17
Lack of cleanliness of working surfaces and shelves	12
Lack of cleanliness of equipment	19
Defective floor and/or covering	33
Defective walls	14
Defective ceilings	32
Defective working surfaces	16
Defective equipment	12
No first-aid kit	4
No clothing cupboard or locker	7
Insufficient cover for food	10
Insufficient lighting	14
“Wash your hands” notice not displayed	4
Inadequate refuse collection and/or storage	32
Unsatisfactory toilets	26
Dirty and unsatisfactory storage	15
Inadequate ventilation	10
Other defects	20

Education

Two courses were completed during the year, one for the Certificate in Food Hygiene and the Handling of Food which was held at the largest canning factory in the area, and a Diploma course being of a more advanced nature was held at the local College of Further Education for persons having supervisory posts in the food industry.

Lecturers are drawn from many specialised fields and include members of the Public Health Inspectorate. The staff are always willing to give lectures even though many of the calls occur outside working hours.

The afore-mentioned courses now appear to be well established and well attended and the results gained by the students have been very impressive.

In addition to the set courses valuable education occurs during the regular visits to food premises while actual work is being carried out. These visits and on the spot lectures prove most valuable.

Food Hygiene

A continuing increase in the public's attitude to this important aspect of the Department's work was noted. Many complaints were received concerning faulty hygienic practices, poor handling of food and contamination of food by foreign objects and insects.

Many visits are made to such premises and all complaints vigorously pursued. The fullest co-operation is maintained with other local authorities from which the food at fault may have originated. Maximum co-operation is also experienced, particularly with the reputable manufacturers, whenever complaints are made. It is sometimes found that the public is at fault in the first instance particularly so when investigating tainted foods. Mineral water and milk bottles are often dangerously misused. These re-usable food containers have been found to contain substances such as paraffin, white spirits, carbolic substances and even paint. It is imperative that such bottles be cleansed immediately after use and then returned to the bottler.

Markets

The Market Hall contains in one unit, the main market, the fish market and the wholesale and retail fruit market. In addition many wholesale fruiterers are established around the periphery of the market.

A new wholesale fruit and fish market is in an advanced stage of construction on the outskirts of town. Not only will traffic pressure be relieved but it is hoped that the vacated premises in the main market will allow proposed alterations, particularly welfare facilities, to proceed.

The traditional open market takes place at weekends and presents the usual food hygiene problems associated with street trading.

Many visits are made to all the markets and the position is generally satisfactory.

Clubs and Licensed Premises

212 visits have been made to these premises. The object of these visits is twofold, firstly to enforce the appropriate regulations particularly the Food Hygiene Regulations and secondly to provide a guide to the licensing justices when required to do so.

Inspection at these premises is particularly difficult because of the late hours of opening but evening visits are made to certain clubs.

In all these premises perhaps the most difficult regulation to enforce is that relating to no smoking whilst handling open food. By definition beer, wines and spirits are food and anyone handling food should not use tobacco. Education appears not to have been very effective and prosecution will most certainly have to follow.

MEAT INSPECTION

There are 8 private slaughterhouses in the Borough, two of which are bacon factories, the remainder being general purpose slaughterhouses. Much of the meat produced is exported beyond the town's boundaries.

It will be noted that there has been a reduction in the number of animals slaughtered during the year. At national level there was a poor lamb season and price increases no doubt resulted in people favouring more cheaper proteins such as chicken. Further, the reorientation of the distributing depots of a large supermarket firm supplied by one of the Wigan slaughterhouses resulted in a drop in output to a considerable degree.

An application was received towards the end of the year from one of the slaughterhouses within the Borough for a new licence because of proposed extended lairage accommodation, chill rooms and garage facilities. As the proposed increase in size of the slaughterhouse was considerable the new licence application was submitted to the Minister of Agriculture, Fisheries and Food for his consideration. The Council, after consideration of the application, supported that application.

The use of wiping cloths in the dressing of carcasses was prohibited from the 1st November, 1968, and all the slaughterhouses were equipped with pressure water sprays. The undoubted evil of the wiping cloth with its danger of cross infection of carcasses has at long last been removed.

A further year has passed without a single case of bovine tuberculosis being detected in the 18,000 cattle slaughtered. This is truly remarkable when some 15 years ago approximately 47% of dairy herds were affected with visible signs of bovine tuberculosis.

As the local authority applies the full scale of charges for meat inspection they received an income of £4,201 4s. 0d., a 7.1% decrease on the previous year.

No. of visits to slaughterhouses	....	....	....	....	....	3,866
,, markets	....	....	....	....	....	73
,, butcher's shops	....	....	....	....	....	94
No. of certificates issued (condemned food)	....	....	....	....	....	241

ANIMALS SLAUGHTERED

	1965	1966	1967	1968
Cattle exc. Cows	7,638	9,198	11,715	9,900
Cows	7,849	7,817	6,810	8,192
Calves	162	248	283	145
Pigs	34,569	32,279	25,404	23,823
Sheep	56,908	67,327	49,808	41,636
TOTALS:	107,126	116,869	94,020	83,696
Income	£4,668	£5,029	£4,524	£4,201

Poultry Inspection

There are no poultry processing plants in the Borough.

Inspection of poultry is in the main confined to poultry offered for sale at the weekly open market. However, as most of the poultry are eviscerated before being brought into the Borough, the organs are missing or incapable of being identified with a specific carcass. Many of these birds are undoubtedly culled from broiler or laying flocks. This position is most unsatisfactory.

Carcases Examined During the Year 1968

	Cattle exc. Cows	Cows	Calves	Pigs	Sheep	TOTAL
Carcases examined....	9,900	8,192	145	23,823	41,636	83,696
Carcases totally condemned	2	25	14	24	7	72
Percentage totally condemned	0.02	0.31	9.66	0.10	0.02	0.09

Carcases and Offal Inspected and Condemned in Whole or in Part

	Cattle excluding Cows	Cows	Calves	Pigs	Sheep	Horses
Number killed	9900	8192	145	23823	41636	—
Number inspected	9900	8192	145	23823	41636	—
ALL DISEASES EXCEPT TUBERCULOSIS AND CYSTICERCII:						
Whole carcasses condemned ...	2	25	14	24	7	—
Carcasses of which some part or organ was condemned	3030	4630	1	8103	6021	—
Percentage of the number inspec- ted affected with disease other than tuberculosis and cysticerci	30.6	56.8	10.3	34.1	14.5	—
TUBERCULOSIS ONLY:						
Whole carcasses condemned ...	—	—	—	—	—	—
Carcasses of which some part or organ was condemned	—	—	—	50	—	—
Percentage of the number inspec- ted affected with tuberculosis	—	—	—	0.21	—	—
CYSTICERCOSIS:						
Carcasses of which some part or organ was condemned	22	25	—	—	—	—
Carcasses submitted to treatment by refrigeration	—	1	—	—	—	—
Generalised and totally condemned	—	—	—	—	—	—

The following meat and offal from the slaughterhouses was surrendered and destroyed, or sold for manufacturing purposes, during the year 1968.

	Whole carcase and all Offal Con- demned	Part of Carcase Con- demned	OFFAL CONDEMNED									
			Heads	Lungs	Livers	Hearts	Stomachs	Spleens	Skirts	Kidneys ¹	Udders	Mesen- teries
Affected with Tuberculosis:												
Cattle (exc. Cows)	—	—	—	—	—	—	—	—	—	—	—	—
Cows	—	—	—	—	—	—	—	—	—	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	50	1	1	1	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—
Affected with Cysticercosis:												
Cattle (exc. Cows)	—	—	5	—	—	16	—	—	1	—	—	—
Cows	—	—	12	—	—	12	—	1	—	—	—	—
Calves	—	—	—	—	—	—	—	—	—	—	—	—
Pigs	—	—	—	—	—	—	—	—	—	—	—	—
Sheep	—	—	—	—	—	—	—	—	—	—	—	—
Affected with other Diseases:												
Cattle (exc. Cows)	2	—	19	361	2769	17	86	99	11	145	—	28
Cows	25	2	24	814	4354	49	210	236	31	580	1443	59
Calves	14	—	—	1	—	—	—	—	—	—	—	—
Pigs	24	—	73	7946	1989	759	3	3	—	54	2	29
Sheep	7	—	—	392	5931	92	—	—	—	—	—	—
	72	2	183	11515	15044	946	299	339	43	779	1445	116

Summary of other Food Condemned, 1968

Meat	....	....	....	....	....	....	1,861 lbs.
Canned Meat	....	....	....	....	....	....	533
Fish	....	....	....	....	....	....	420 lbs.
Canned Fish	....	....	....	....	....	....	46
Fruit	....	....	....	....	....	....	28 lbs.
Canned Fruit	....	....	....	....	....	....	911
Canned Vegetables	....	....	....	....	....	....	697
Canned Milk	....	....	....	....	....	....	39
Canned Soup	....	....	....	....	....	....	222
Packages of Other Food	....	....	....	....	....	....	4,127
Other canned or bottled foods	....	....	....	....	....	....	1,752
Fowl	....	....	....	....	....	....	77
Pies	....	....	....	....	....	....	1,036
Cakes	....	....	....	....	....	....	358
Ham	....	....	....	....	....	....	24 lbs.
Margarine	....	....	....	....	....	....	18 lbs.
Lard	....	....	....	....	....	....	8 lbs.
Cream	....	....	....	....	....	....	9 gls.

All food condemned, other than meat, is destroyed at the Frog Lane Depot of the Corporation Cleansing Department.

FOOD AND DRUGS ACT, 1955—SAMPLING

During the year 226 samples of milk and various other foods obtained under the above Act were submitted to the Public Analyst for examination.

SAMPLES TAKEN DURING 1968:—

ARTICLES	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements		ARTICLES	Total Number analysed	Samples regarded as adulterated below standard or otherwise not complying with the prescribed requirements	
		Number	%			Number	%
Ale.....	1	—	—	Lemon tea mix....	1	—	—
Almonds (ground)	1	—	—	Lunerva	1	—	—
Angelica	1	—	—	Macaroni.....	1	—	—
Apricots	1	—	—	Margarine	3	—	—
Aspirin	1	—	—	Meat balls.....	1	—	—
Baking Powder ...	1	—	—	Meat paste	1	—	—
Barm cakes	4	—	—	Meat (tinned)....	1	—	—
Beans	1	—	—	Meat tenderizer ...	1	—	—
Beef (minced).....	1	—	—	Milk.....	32	—	—
Beefburgers	1	—	—	Milk (dried).....	3	—	—
Beer Finings.....	1	—	—	Milk (tinned)	4	—	—
Black beer	1	—	—	Mincemeat	1	—	—
Black puddings ...	1	—	—	Mustard	1	—	—
Brandy	1	—	—	Oil (cooking).....	1	—	—
Bread	6	—	—	Omelette mix.....	1	1	100
Butter.....	3	—	—	Onions (dried)	1	—	—
Cake mix.....	4	—	—	Panadol	1	—	—
Cakes.....	4	—	—	Peas.....	1	—	—
Cheese.....	1	—	—	Pectin	1	—	—
Cherries.....	2	—	—	Pickles	2	—	—
Chicory.....	1	—	—	Pie.....	1	1	100
Cochineal	2	1	50	Polony	1	—	—
Coconut	1	—	—	Prunes.....	1	—	—
Coffee	3	—	—	Pudding	3	—	—
Coffee essence.....	2	—	—	Rum	1	—	—
Cough mixture....	1	—	—	Sage.....	1	—	—
Cream	2	—	—	Salad Cream.....	1	—	—
Currants	2	—	—	Sauce.....	1	—	—
Curry powder.....	2	—	—	Sausageroll.....	11	4	36
Custard powder...	2	—	—	Shrimps	1	—	—
Dairy whip.....	1	—	—	Soft drink.....	11	—	—
Fish paste.....	3	—	—	Soup	3	—	—
Flavouring	2	—	—	Suet.....	1	—	—
Flour	3	—	—	Sultanas	1	—	—
Fo-ti-tieng	1	—	—	Sweets.....	8	—	—
Fruit salts.....	1	—	—	Tartare sauce.....	1	—	—
Gelatine	2	—	—	Tomatoes	1	—	—
Gin	1	—	—	Tea	2	—	—
Grape juice.....	1	—	—	Tomato juice.....	1	—	—
Honey.....	2	—	—	Tomato paste.....	1	—	—
Hops	1	—	—	Treacle	1	—	—
Horseradish relish	1	—	—	Trifle	2	—	—
Ice Cream.....	12	—	—	Vegetables.....	1	—	—
Ice Lolly.....	7	1	14	Vinegar.....	3	—	—
Jam	3	—	—	Whiskey	1	—	—
Jelly	2	—	—	Yeast.....	1	—	—
Lard	4	—	—	Yogurt	1	—	—
Laxative tablets...	1	—	—				
Lemon curd	2	—	—				
Action taken in regard to unsatisfactory samples is given on Page 112.					226	8	3.5

SAMPLES NOT UP TO SATISFACTORY STANDARDS

ARTICLE	No. of Sample		REPORT	REMARKS
	Informal	Formal		
Cochineal food colour	99		Not labelled in accordance with Regulation 7 of the Colouring Matter in Food Regulations, 1966	Warning letter sent
Meat and potato pie	103		The sample consisted of a piece of meat and potato pie containing a nail	Warning letter sent
Beef sausage		114	Beef sausage containing sulphur dioxide preservative, the presence of which was not declared	Warning letter sent
Beef sausage	133		Beef sausage containing sulphur dioxide preservative, the presence of which was not declared	Warning letter sent
Pork sausage	142		Pork sausage containing sulphur dioxide preservative, the presence of which was not declared	Warning letter sent
Mushroom Omelette	161		Not labelled in accordance with Article 4 (1) of the Labelling of Food Order, 1953	Warning letter sent
Ice Lolly with ice cream		215	Lolly with ice cream contaminated with synthetic detergent	Warning letter sent
Pork sausage	212		Pork sausage containing sulphur dioxide preservative, the presence of which was not declared	Warning letter sent

ANNUAL REPORT OF THE PUBLIC ANALYST

I am indebted to the Borough Analyst, Mr. J. Graham Sherratt, B.Sc., F.R.I.C. for the following remarks on the work carried out on behalf of the Corporation during the 12 months ended 31st December, 1968.

Food and Drugs Act, 1955

Total number of samples analysed	226
Number of samples regarded as sub-standard or otherwise unsatisfactory	8
Percentage unsatisfactory	3.5%

Three of the above articles, i.e. Aspirin Tablets, Meat and Potatoe Pie and Ice Lolly with Ice Cream, were sent for analysis following complaints from private purchasers.

The total number of samples included 32 liquid milks, 20 meat products, 11 ice cream, 7 ice lollies, 8 confectionery (sweets), 4 confectionery (cakes and biscuits), 6 soft drinks, 3 margarine, 3 butter, 4 buttered barm cakes, 3 spirits, 3 cake mixtures, 5 drugs and 117 miscellaneous foods.

The sub-standard or otherwise unsatisfactory samples comprised:—

- (a) COCHINEAL FOOD COLOUR — The sample was not labelled in accordance with Regulation 7 of the Colouring Matter in Food Regulations, 1966.
- (b) MEAT AND POTATO PIE (Complaint) — The sample consisted of a piece of meat and potato pie containing a nail.
- (c) PORK SAUSAGE (2 samples), BEEF SAUSAGE (2 samples) — The samples contained sulphur dioxide preservative, the presence of which was not declared.
- (d) MUSHROOM OMELETTE — The sample was not labelled in accordance with Article 4 (1) of the Labelling of Food Order, 1953.
- (e) ICE LOLLY WITH ICE CREAM (Complaint) — The sample was contaminated with synthetic detergent.

The samples taken under the Food and Drugs Act that are not referred to individually above were satisfactory. Articles that are the subject of statutory regulations or standards of composition conformed to official requirements, and those for which compositional standards have not been prescribed were of satisfactory commercial quality. No infestation of foods, such as cereals by mites, or contamination with dirty matter, was detected, and no instance of appreciable metallic contamination of canned foods occurred.

Composition of Milk Samples

The average composition of milk samples analysed during 1968 is given below. Adjacent figures in brackets represent the corresponding averages for 1967.

Number of samples	32 (38)
Average fat	3.72% (3.68%)
Average solids-not-fat	8.93% (8.72%)
Average water	87.35% (87.60%)

Pesticide Residues in Food

The first two years of the scheme organised by the Local Authorities' Associations for a nation-wide survey of pesticide residues in foods were completed in 1968. A report surveying the results of the first year has been issued and circulated. A similar survey of the second year's work is being prepared. Pending this report, the scheme is temporarily in abeyance. Certain selected samples have been examined by alternative tests, which, although not so sensitive as those applied during the scheme, are nevertheless capable of detecting any major contamination. No positive result was obtained.

FERTILISERS AND FEEDING STUFFS ACT

One compound fertiliser, one nitro-chalk and two compound feeding stuffs were analysed under the above Act during the year. All the samples were satisfactory and conformed to official requirements.

CHEMICAL ANALYSIS OF WATER

Four samples of domestic water were received for routine analysis during 1968. They were all satisfactory and did not contain organic or metallic contamination. One sample of swimming bath water was satisfactory.

Four samples were also taken for the determination of lead: these were taken after the water had been standing in lead service pipes overnight. Only one sample was unsatisfactory. It contained 0.55 parts per million of lead. This quantity is higher than the accepted limit (0.3 p.p.m.) for water that has been standing in lead pipes.

One sample of brook water, suspected to be the cause of the poisoning of a number of dogs, was examined very comprehensively for poisons. The tests applied covered every likely poison within the context of information supplied. The following poisons were not present: strychnine, warfarin, lead, copper, zinc, arsenic, mercury, antimony and fluoracetamide.

J. GRAHAM SHERRATT,

Public Analyst.

LEGAL PROCEEDINGS

No prosecutions were taken under the Food and Drugs Act, 1955. There were, however, eight cases of minor infringements of the Act and Regulations made thereunder but it was thought more expedient to issue warning letters in all cases.

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